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LIBRARIES IN HOSPITALS

A review of services in Scotland

by

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PREFACE

Easy access to many types of literature is an unquestionable and an increasing need for many categories of hospital staff and for patients. How far services of this kind have been achieved in Scottish hospitals has hitherto been open to doubt. Indeed, there has been considerable confusion between a series of book collections on the one hand and a library service on the other.

This report reviews the situation in Scotland. The survey, which reveals the need for a much greater understanding of the value of a library service, was made possible by a grant from the Nuffield Provincial Hospitals Trust to the Scottish Hospital Centre. The authors would like to thank those hospitals who co-operated in the survey and to acknowledge the assistance of their colleagues at the Scottish Hospital Centre, in particular, Miss Elizabeth Phillips, Dip.Arch.(R.W.A.), A.R.I.B.A., who gave advice on Appendix I, Planning guide and contributed the drawings.

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Although it could be said that the first hospital libraries were attached to the monastic institutions which cared for the sick in mediaeval times, the oldest hospital library in Scotland still in existence, according to the information available, is that of the Crichton Royal Hospital, Dumfries, founded in 1840. Three other Scottish hospitals, all of them mental hospitals, have libraries which go back to the middle of the 19th century. During the early years of this century, a few hospitals started to maintain collections of books for patients. The work with patients was carried on by the Red Cross and other voluntary organisations during two wars and in the inter-war period, and today the bulk of patients' library services are provided in this way. But until the advent of the National Health Service in 1948, almost nothing was being done in Scotland, outside the universities, about the provision of professional reading material for hospital staff.

The 1930s were important in library work for patients insofar as the subject received more recognition. In the space of eight years, no less than four Library Association Conferences had papers devoted to this topic.[1] There had been a gap since 1895. In 1947, the Scottish Library Association Conference at Paisley devoted a session to three papers on hospital library services for patients presented by Dr. A. D. Briggs, Medical Superintendent, Stobhill Hospital, Glasgow; Mr. Robert Butchart, Principal Librarian, Edinburgh Public Libraries; and Mr. Andrew B. Patterson, of the City Library, Glasgow.[2]

However, the modern era in hospital librarianship really commenced in 1959 with the publication of the report of the pilot survey sponsored by the King Edward's Hospital Fund for London.[3] The Chairman of the committee was Mr. J. A. M. Ellison-Macartney, chairman of St. John's Hospital for Diseases of the Skin and the other committee members represented the interests of the joint committee of the Order of St. John and the British Red Cross Society, the Library Association, the Women's Voluntary Services, and Toc H; the report secretary was Mr. Simon Nowell-Smith, formerly Librarian, The London Library.

The pilot survey covered the North West Metropolitan Regional Hospital Board area and it is likely that the unsatisfactory picture presented of the services in that Region was fairly typical of the country as a whole. The terms of reference of the committee covered only library services to patients, and although provision for hospital staff is mentioned, this was only in the context of recreational literature. Nevertheless, for the first time, a move was made away from the idea that the term " hospital library " must be synonymous with " patients' library ".

The major recommendations of the report were, that because the majority of hospital authorities consulted believed that a library service had both a therapeutic and an amenity value, those at the highest level should regard it as an essential duty to see that an efficient service was provided in all hospitals. It was suggested that all new hospitals and extensions should be planned to include library accommodation and that advice on equipment and accommodation should be sought from professional librarians. Certain standards of book provision for new libraries were given, and it was further suggested that there could be greater co-operation between hospital authorities and public library authorities particularly in the appointment of a chartered librarian to co-ordinate and develop the hospital library resources in an area, and that in each hospital group area a permanent standing committee might be set up to represent the public library, the hospital authorities and the voluntary services.

One of the most important developments in the provision of professional literature for the hospital staff came in 1963 with the appointment of a working party to examine the whole question of the provision of medical library facilities in the Sheffield Regional Hospital Board area. The chairman was Dr. D. Verel and each Area Consultants' Committee in the region and the Psychiatric Advisory Committee was represented on the working party along with a representative of the Library Association and the City Librarian and Information Officer of the County Borough of Sheffield.

The report, published in June 1965,[4] made detailed recommendations for the improvement of all medical libraries in the Region and, recognising that no library can be entirely self-sufficient, suggested a structure which would give adequate provision of professional literature throughout the Regional Board area. This envisaged a large regional library situated at the principal hospital within the Region, with area libraries based on district general hospitals who would then provide a service

[1] In 1930; 1931; 1933; 1937.
[2] *Book trolley*, 5, Jan. 1948, p. 258-60.
[3] King Edward's Hospital Fund for London. *Hospital library services: a pilot survey.* London, The Fund, 1959.
[4] Sheffield Regional Hospital Board. *Working party on medical libraries: final report.* Sheffield, The Board, 1965.

to the smaller hospitals within their own area. The report additionally recommended that a chartered librarian should be employed in each district general hospital library who could also have oversight of the general library for the patients and staff, and that a regional librarian should be appointed to the largest hospital in the area with a salary appropriate to the grade of assistant secretary to a Regional Hospital Board.

In November 1965 the Library Association issued a pamphlet which is probably the most important single document to have been published so far in this country on hospital libraries. Entitled *Hospital Libraries: recommended standards for libraries in hospitals,* it provides detailed recommendations on the accommodation, book stock, financing and staffing of all types of library service in hospitals, whether to patients, doctors, nurses or other members of the hospital staff.

In the following year, the Library Association published the results of Miss Brenda Sanders' survey of library services in hospitals in the South-East Metropolitan Regional Hospital Board area,[1] a report which contains a strong indictment of the lack of knowledge and the lack of co-ordination between all the various bodies, professional or voluntary, Central Department or Regional Board and Hospital Management Committee, responsible for some aspects of the hospital library service.

During the same year, the National Book League published an interim report of their survey of book and journal services for doctors, nurses and others working professionally in the Health Service,[2] and also, for honorary librarians, a guide to the organisation of book and journal services in regional hospitals.[3] This survey, which is continuing at the present moment, is being supported by a grant from the Nuffield Provincial Hospitals Trust.

Also in 1966, Miss A. M. C. Thompson surveyed the library provision for nursing and midwifery staff within the Wessex Regional Hospital Board area,[4] and in 1967, Miss Margaret I. Williams reported on the hospital medical libraries in the Oxford Regional Hospital Board area.[5] Miss Jean Hutton is currently undertaking research into library provision for nursing staff in the Manchester Region.[6]

A first report from the Library Association's national survey of public library services to hospitals, the housebound and prisons, which commenced in December 1966, has been made available,[7] and this shows that 35.7 per cent of the public library authorities surveyed were involved in services to hospitals.

In addition to the various published surveys, conferences have been held to discuss the planning and provision of library services in hospitals. Apart from professional meetings of the Hospital Libraries and Handicapped Readers Group of the Library Association, one of which was held in Edinburgh in 1964, two major conferences, one at the King's Fund Hospital Centre, London in February 1966 and the other at the Scottish Hospital Centre, Edinburgh in October 1966, have been especially convened. The Scottish Library Association has once again demonstrated its interest by including a paper on hospital libraries at its annual conference held in 1967 in Aberdeen.[8]

Quite clearly, over the past few years, there has been an increasing awareness, both on the part of librarians and on the part of all members of the hospital community, of the importance of well-planned, efficient hospital library services. It was against this background that the Scottish Hospital Centre, feeling that only a very few, if any, hospitals in Scotland were providing services which would even approximate to the suggested *Standards* issued by the Library Association, decided that a survey of the present provision of library services in Scottish hospitals would be a useful prerequisite to the possible improvement of such services. This report is the result of that survey and it is believed to be the first survey specifically intended to cover library provision for the whole hospital community.

[1] Sanders, Brenda M. *Library services in hospitals.* London, Library association, 1966 (L.A. pamphlet, 27).
[2] Morpurgo, J. E. *Book and journal services for doctors and nurses.* London, N.P.H.T., 1966.
[3] National Book League. *The planning and organization of medical book and journal services in regional hospitals.* London, N.P.H.T., 1966.
[4] Royal College of Nursing *and* National Council of Nurses of the United Kingdom. *A report . . . of a survey of library provision for nursing and midwifery staff within the area of the Wessex Regional Hospital Board,* 1966. *Unpublished.*
[5] Williams, Margaret I. *Report of a survey of hospital medical libraries* [*in the Oxford Regional Hospital Board area*]. 1967. *Unpublished.*
[6] Hutton, Jean M. Library provision for the modern nurse. *Nursing times,* **63,** Dec. 1, 1967, p. 1614-6.
[7] *Library and information bulletin* (Library association) **1,** no. 4, 1967, p. 113-8.
[8] Bunch, Antonia J. Hospital libraries. *In: Proceedings of the annual conference* [*of the Scottish library association*], 1967, p. 27-33.

AREAS OF SCOTTISH HOSPITAL REGIONS

The area of Scotland is 29,795 square miles, including 139 inhabited islands.[1] Some 26,034 square miles (16.7 million acres) is agricultural land.[2] At the 1961 Census the total population of Scotland was 5,179,344 (1966 10 per cent sample: 5,168,21). Although the average density in 1961 was 170 persons per square mile, some 5 per cent of the population lived in 50 per cent of the land mass[3] or, put differently, 80 per cent of the population and the bulk of industry are in the Central Belt, containing the Forth-Clyde Valley. In this area are situated the major cities of Edinburgh, the capital, and Glasgow. In 1961, Glasgow and Birmingham had the distinction of being the two cities in Britain, outside the Greater London conurbation, with a population in excess of one million. The 1966 estimate places Glasgow at slightly below one million (980,000), but it is still the second largest city in Britain outside London. Edinburgh, with a population of 468,361 (1966 estimate: 469,000) is the seventh largest city in Britain outside London.

Administratively Scotland is divided into 33 civil counties and the principal cities in addition to Edinburgh and Glasgow are Aberdeen (1961 population: 185,390) and Dundee (1961 population: 182,978).

For the purposes of administration and planning of hospital services, Scotland is divided into five regions, each under the control of a Regional Board. These are the Northern Regional Hospital Board based at Inverness; the North Eastern; the Eastern; the South Eastern and the Western Regional Hospital Boards, based respectively on the cities of Aberdeen, Dundee, Edinburgh and Glasgow, which are also university towns.

These last four regions contain teaching hospitals for the training of medical students and, unlike England and Wales whose teaching hospitals are under the control of Boards of Governors, teaching hospitals in Scotland are under the auspices of the Regional Board.

In each region there are Boards of Management (in England and Wales, Hospital Management Committees) supervising the day to day management of hospitals. In Scotland there are 78 Boards of Management each of which is responsible for a hospital or group of hospitals with bed complements ranging from less than 20 to about 3,000. The hospital authorities in Scotland look after about 363 hospitals,[4] with accommodation for approximately 62,400 patients. Fifty per cent of the hospital beds in Scotland are in the Western Regional Hospital Board area. In addition there is the State Hospital at Carstairs with 343 beds for psychiatric patients requiring special security.

The origins of the hospitals now in existence are many and varied. Some were the results of private philanthropy in the eighteenth and nineteenth centuries; others were erected by voluntary subscription. Many hospitals, especially those for mental illness and infectious diseases, followed reformatory legislation during the last century.

Although the creation of the National Health Service in 1948 welded all these hospitals into a single administrative unit under the then Department of Health for Scotland, the practice of medicine and the areas of population have changed to such a degree that many of these nineteenth century buildings are no longer adequate to cater for the hospital needs of the twentieth century. It is important that a survey of any hospital department should take account of proposals for the future development of the hospital service as a whole.

In 1962, the Department of Health for Scotland published its *Hospital plan for Scotland*[5] outlining a rebuilding programme intended to occupy at least ten years. Apart from modernising and increasing the provision for maternity patients, old people, the mentally ill and the mentally deficient, the major proposals were the updating of the key teaching hospitals and the creation of District General Hospitals to serve smaller areas of population. Aberdeen Royal Infirmary is the only major teaching hospital to have been built since 1914.

Survey Method

Because of the geographical situation of Scotland, it was clear that the survey of libraries would have to rely heavily on a mailed questionnaire. Towards the end of 1966, a sample questionnaire was

[1] General Registry Office, Edinburgh. *Census* 1961, *Scotland.* Edinburgh, H.M.S.O., 1963 (unless otherwise stated, population figures are from official Census reports).
[2] Scottish Office. *The Scottish economy,* 1965 *to* 1970. Edinburgh, H.M.S.O., 1966. (Cmnd. 2864), p. 26.
[3] Scottish Home and Health Department. *General medical services in the highlands and islands: report of a committee* [*chairman: Lord Birsay*]. Edinburgh, H.M.S.O., 1967. (Cmnd. 3257), p. 4.
[4] This figure excludes joint-user arrangements.
[5] Department of Health for Scotland. *Hospital plan for Scotland.* Edinburgh, H.M.S.O., 1962 (Cmnd. 1602).

distributed to a medical superintendent and two hospital secretaries. The final questionnaire[1] was re-worded in the light of their comments. In January 1967, questionnaires were distributed to the Secretaries of 71 Boards of Management representing 216 hospitals, including the State Hospital. This represented 59.3 per cent of the total of 364 hospitals. Questionnaires were distributed to a greater number of large hospitals on the assumption that larger hospitals would be more likely to have a library service than smaller ones. All hospitals over 100 beds were sent questionnaires. A representative sample of small hospitals, selected by type and geographical location, was included so that coverage might be obtained of areas where no hospital over 100 beds existed.

Co-operation was encouraging. 203 questionnaires were returned, which is a response of 94 per cent. Any response over 80 per cent is generally considered very good.[2] Only seven hospitals refused to return their questionnaires and of these, two were prepared to receive a visit from one of the librarians conducting the survey. No reply was received from six hospitals, in spite of follow-up letters. Although the overall response was good, not all the questionnaires were fully completed; even some questions demanding the answer "yes" or "no" were not answered. Statistical analysis, therefore, could be based only on replies received.

In addition to the questionnaire, a number of personal visits were undertaken. These were either to follow up information received or to see a group situation including small hospitals which had not been sent a questionnaire. The follow-up visits were to larger, urban hospitals which appeared to be providing a reasonably good service. Obviously, not all of these could be visited. Those selected included teaching, orthopaedic and psychiatric hospitals. For the visits to groups, six were chosen in rural districts of four regional board areas. A list of the hospitals visited is given in Appendix V.

Table I *Distribution of questionnaires*

	North	N. East	East	S. East	West	State Hospital	All Scotland
Hospitals	27	48	35	81	172	1	364*
Questionnaires distributed	11	25	20	49	110	1	216
Returned	9	25	16	48	104	1	203
Refused to return	0	0	2†	1	4	0	7
No reply	2	0	2	0	2	0	6

* Figures supplied by Scottish Home and Health Department, Hospital statistics branch.
† Visited but not counted in further statistics.

The questionnaires reveal that literature in Scottish hospitals is currently being provided in three broad categories: medical literature for the medical staff; nursing literature for nursing staff, usually nurses in training; and general literature for patients.

Medical books are being provided in 65 per cent of the hospitals surveyed, nursing books in 62.6 per cent of hospitals and books for patients in 64.5 per cent of hospitals. It will be seen that provision for both patients and staff tended to be better in the larger, teaching hospitals and in psychiatric hospitals. So far as patients were concerned, provision was worst in the mental deficiency, geriatric and chronic sick hospitals.

It has been decided to present the detailed information obtained from this survey under the three headings: Library service to medical staff; Library service to nursing staff; and Library service to patients. A concluding chapter presents the hospital library service in Scotland as a whole. Each chapter attempts first to demonstrate the need for library services and the standard to which each section of the hospital library should attain, and then to show what is being provided in Scotland as revealed by the survey. The final chapter also contains recommendations for future development.

[1] *see* Appendix IV.
[2] Line, Maurice B. *Library surveys.* London, Bingley, 1967, p. 61.

Table 2 *Provision of literature in Scottish hospitals*

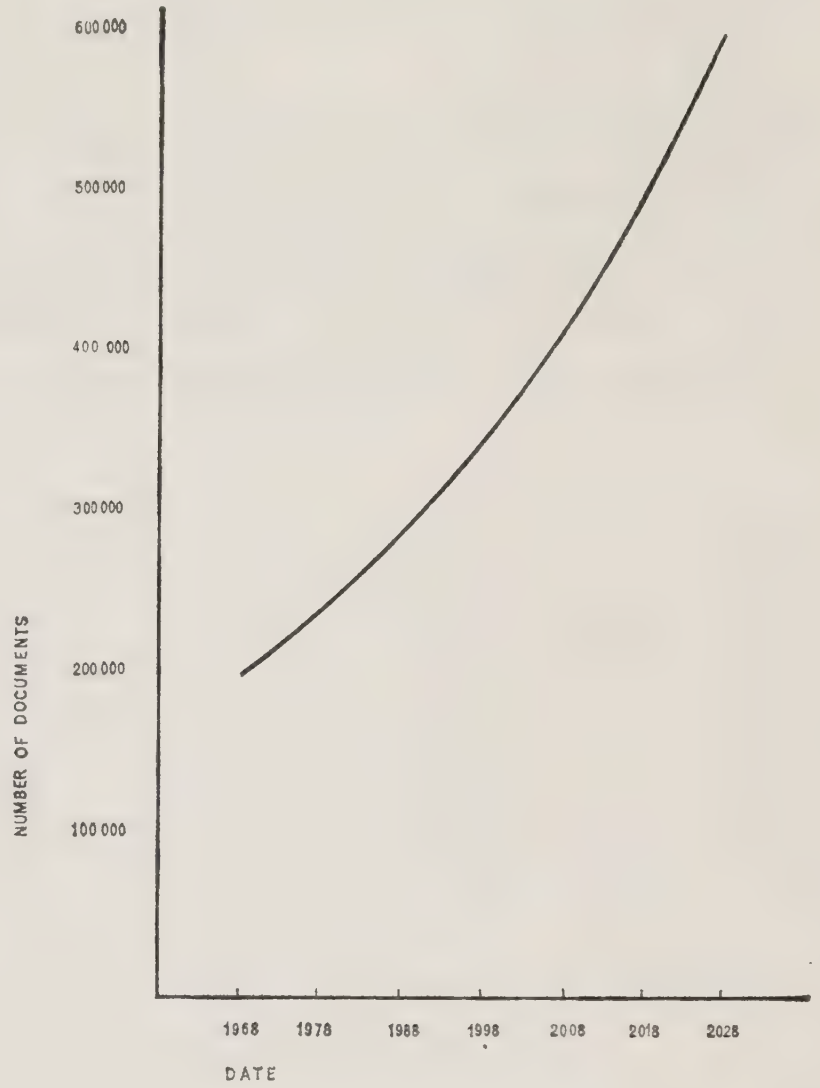
	Hospitals Surveyed	Medical Literature	Nursing Literature	Patients' Literature
Acute teaching	12	12	12	10
General over 100 beds	40	35	32	35
General under 100 beds	30	16	17	19
Teaching maternity	4	3	4	1
Non-teaching maternity	15	7	8	3
Psychiatric	25	22	24	20
Mental deficiency	9	4	4	1
Geriatric and Chronic	33	11	11	19
Paediatric	5	4	4	3
Convalescent	8	1	0	5
I.D., T.B. and Chest	12	10	7	7
Miscellaneous	6	3	2	5
Dental	3	3	1	no in-patients
State Hospital	1	1	1	1
Total	203	132	127	129

In medicine as in other subjects, knowledge is increasing at too great a pace for the individual to keep abreast of current developments unaided. But it is absolutely essential for hospital staff to be kept informed of current trends, new ideas and new methods of treatment if they are to provide good, up-to-date patient care. The rapid advance in medical and scientific research has produced an enormous quantity of literature in medicine and related subjects and hospital staff should have the same ease of access to information as to other diagnostic and therapeutic services. This means that a library service must be made available to all grades and categories of hospital staff; medical, nursing, administrative, professional and technical.

PROJECTED OUTPUT OF BIOMEDICAL LITERATURE 1968-2028

The *Index medicus* is currently indexing 200,000 articles a year. If biomedical literature grows at the same rate as in the decade 1950-60, i.e. 20 per cent in ten years,* then in 60 years biomedical literature will have trebled.

* Orr, Richard H. *and others.* Reference retrieval tools: biomedical abstracting and indexing services. *Federation proceedings,* 23, Sept./Oct. 1964, pp. 1164-76.



A library service is required not only to keep the staff up to date with modern trends in patient care but for those members of staff who are studying for further degrees and undertaking research. With the current emphasis on post-graduate medical education and the subsequent increasing demand for medical literature, existing library facilities are being strained to their limits.

One can stress again and again that members of the medical profession and hospital staff in particular require to make regular use of a library service but nine times out of ten the library available to them is quite inadequate and of no use for systematic study. In too many hospitals the library consists of a collection of books that is too small and too out of date to contain reliable or relevant information.

A collection of books and journals on its own does not constitute a library service; for this there must be a professionally qualified librarian in charge. The purpose of the librarian is not to act as custodian of this collection but to use technical knowledge and training to exploit the book stock to the full and to provide an information service. This includes the undertaking of literature searches, the compilation of bibliographies and reading lists and making use of the resources of other libraries which includes borrowing through the national network.

The Junior Hospital Doctors Association have shown the importance they attach to the availability of good library facilities.[1] They are to list all general and teaching hospitals in the manner of an

[1] *Glasgow herald,* Nov. 11, 1966.

" A.A. guide " and blacklist those which do not meet the standards they require. These standards include facilities for post-graduate training, library facilities and facilities for study. These libraries must themselves attain certain standards of staffing, finance, book stock and accommodation if they are to make a worthwhile contribution to the hospital service. This means that in future a good library service will play an important part in attracting medical staff.

Thomas Keys, the librarian of the Mayo Clinic, has expressed the view that the medical library should be thought of as a special laboratory for physicians engaged in teaching, practice and research and that no expense should be spared in equipping it at least as well as other medical laboratories.[1]

Standards for the provision of library services

Recommendations on setting up and maintaining libraries in hospitals and medical libraries in particular have been made by many interested bodies both in this country and abroad but advice given can be both confusing and conflicting. The British recommendations considered here are those of the Library Association, the Sheffield Regional Hospital Board, the Ministry of Health and the National Book League and from the United States those of the United Hospital Fund of New York and the U.S. Veterans Administration Department.

It is not possible or practicable for every hospital to have a comprehensive medical library but the aim should be to make individual regions as self-sufficient as possible in the provision of medical literature. The Library Association's *Standards*[2] and the report of the Working Party set up by the Sheffield Regional Hospital Board[3] base their recommendations on a system of inter-dependent libraries within a Regional Board area.

They recommend that within a region there should be a large regional medical library situated at the principal hospital in the region and acting as headquarters of the system. In certain situations this library might be provided at, or developed with the co-operation of the University. The Parry report draws attention to the fact that under the National Health Act, 1946, universities share with the Ministry of Health responsibility for post-graduate medical education in the region in which they are situated, i.e. not only for the education of medical personnel doing academic research in the teaching hospital but for all medical staff in the region of whatever grade and including general practitioners.[4] The largest general hospital in each group (the new district general hospital) should have a group medical library to serve all the hospitals in its group although there would also be libraries in the smaller hospitals and those with specialisation, and there should also be libraries in the post-graduate medical centres. The Library Association's recommendations on staffing, finance, book stock and accommodation are all based on this regional structure of libraries.

Staff

The Library Association *Standards* recommend the appointment of a regional medical librarian with overall responsibility for the provision of medical library services throughout the region. This post and those at the district general hospitals should be held by chartered librarians. If smaller units are at first staffed by non-professional personnel they should be under the supervision of the regional medical librarian.

In the United States staffing requirements are calculated by the number of beds in the hospital and the United Hospital Fund of New York recommends one librarian and two clerical assistants for the medical library of a hospital with 400-600 beds.[5]

The U.S. Veterans Administration Department of Medicine and Surgery recommend one librarian for a hospital with up to 300 beds; one librarian and one clerk/typist for 301-500 beds and one librarian, two assistants and one clerk/typist for 501-1,000 beds. In all cases part-time help would be required to keep the library open for longer hours.[6]

Finance

The Library Association's *Standards* state that it is the responsibility of the hospital to make financial provision for the purchase of medical books and journals and that adequate Exchequer funds should

[1] Keys, Thomas, E. The hospital medical library. *New York State journal of medicine,* **65,** Jan. 15, 1965, p. 303-12.
[2] Library Association. *Hospital libraries: recommended standards for libraries in hospitals.* London, The Association, 1965.
[3] Sheffield Regional Hospital Board. *Working party on medical libraries: final report.* Sheffield, The Board, 1965.
[4] University Grants Committee. *Report of the committee on libraries* [*chairman: Dr. Thomas Parry*]. London, H.M.S.O., 1967, paras. 180-189.
[5] United Hospital Fund of New York. Committee on hospital library architecture. *Planning the hospital library: a report.* New York, The Fund, 1957.
United States Veterans Administration Department of medicine and surgery. *Planning criteria for medical facilities.* M-7, part 1, chapter 17. Library service, May 26, 1964.

be made available for this purpose.[1] However, they give no guidance on the sum of money they would consider to be adequate to establish or maintain a library. They suggest that in certain cases the local authority or the university may be willing to assist in the provision of medical books.

The Sheffield report also considers that medical libraries should be financed from Exchequer funds and until more definite guidance is issued the Board has provisionally authorised expenditure at the rate of 5s. 0d. to 10s. 0d. per £1,000 of the Group's revenue budget.[2] These figures include the cost of books, periodical subscriptions and binding but exclude the salaries of the librarian and any associated staff.

The Ministry of Health and Scottish Home and Health Department in *Equipment note* 18 give the amount of money they consider necessary to equip the staff library but there is no guidance on running costs.[3] Their figure for capital expenditure in hospitals of 300-450 beds is £1,600 and for 600-800 beds £2,300. This sum is to cover equipment, furniture, shelving and " books as required ".

Guidance on planning a medical library budget is given in the National Book League interim report *Planning and organization of medical book and journal services in regional hospitals* but as it is based on a quinquennium, no details are given here.[4]

The importance of periodicals should not need to be stressed and the *Standards* recommend that at least 250 journals should be taken in regional libraries and 50-100 in district general hospitals.[5] An article in the *Library association record* shows that the average cost of a medical journal according to a 1966 survey was £6 4s. 10d.[6] This would mean an annual expenditure on journals of approximately £1,500 for regional libraries and £312-£625 for district general hospitals. These figures are now over two years old and prices have risen considerably. The same article considers that the average price of £6 per book is a realistic one for budget purposes. It gives also the total cost of £1,744 9s. 0d. for the books recommended by the Library Association in *Books and periodicals for medical libraries in hospitals.*[7]

Book stock and periodicals

The actual size of the library's collection depends upon the size of hospital and the number of staff served, and the proximity of other medical libraries to which immediate access is available must also be taken into account. Whatever the size of the hospital, certain basic stock is required and the Library Association pamphlet mentioned above, although highly selective, is a useful guide.

The Sheffield report states that the regional library should ultimately contain all the major bibliographies in the medical field including the abstracting and indexing periodicals.[8] The *Index medicus* and *Cumulated index medicus* should be in or easily accessible to every medical library.

Accommodation

The Library Association's[9] minimum space recommendations are as follows:—

(1) For a regional library:
  reading room 2,000 sq. ft.
  book store 1,000 sq. ft.
(2) For a district general hospital; post-graduate medical centre or the main library in a group:
  reading room 1,000 sq. ft.
  book store 500 sq. ft.
(3) For a library in a smaller hospital:
  reading room 500 sq. ft.

In addition in each library, work space with an area not less than 200 sq. ft. should be provided.

The Sheffield report recommends that the minimum floor area for a library in a 600-bedded district general hospital should be 1,400-1,500 sq. ft. plus any space for study rooms. Table space in the

[1] Library Association, *op. cit.*
[2] Sheffield Regional Hospital Board, *op. cit.*
[3] Ministry of Health *and* Scottish Home and Health Department. *Administrative department.* London, H.M.S.O., 1964. (Hospital equipment note, 18).
[4] National Book League. *The planning and organization of medical book and journal services in regional hospitals.* London, N.P.H.T., 1966.
[5] Library Association, *op. cit.*
[6] The cost of books and periodicals in a medical library. *Library association record,* **69,** Feb. 1967, p. 47-8. [The authors have not quoted 1967 figures as due to devaluation they are not a typical example.]
[7] Library Association. Medical section. *Books and periodicals for medical libraries in hospitals;* 3rd ed. London, The Association, 1966.
[8] Sheffield Regional Hospital Board, *op. cit.*
[9] Library Association, *op. cit.*

reading area should be provided on the basis of use by 20 per cent of the hospital medical staff at any one time. This scale of provision will allow for use by all categories of reader. In their report Sheffield refer to the Ministry of Health's *Equipment note* 18 which allows 140 ft. run of shelving for 300-450 beds and 200 ft. run of shelving for 600-800 beds.[1] They point out that with six medical books to the foot, a district general hospital of 600 beds applying the Ministry's standards would have space for not more than 1,200 volumes. Since the medical library at Queen Elizabeth II Hospital (425 beds), Welwyn Garden City, had a stock of 1,800 volumes within three years of opening,[2] the Ministry would appear to have underestimated the amount of shelving required.

The size of library recommended by the Ministry is much smaller than that recommended by either the Library Association or the Sheffield Regional Board although they too consider that the library should be open to nursing staff and other professional and administrative staff.[3] For hospitals of 300-450 beds they recommend a minimum area of 200 sq. ft. and for hospitals of 600-800 beds a minimum area of 300 sq. ft.

It is interesting to note the variation in these recommendations. However, by any standards one thing is clear, there is plenty of room for improvement in the situation in Scotland.

Facts from the Scottish survey

In this study 203 hospitals were surveyed. At 132 (65 per cent), books were provided or some kind of library service made available to the medical staff and, as was to be expected, the greatest proportion of these were the teaching, larger general and psychiatric hospitals.

Of these hospitals, 26 had no library service on the premises. The close proximity of seven hospitals to the university medical libraries in Aberdeen, Dundee and Edinburgh meant that the medical staff had access to the University Library and no separate library service had been developed in the hospitals themselves. The remainder were 19 smaller hospitals which relied on the library in another hospital in their group.

Table 3 *Hospitals by type*

	Hospitals Surveyed	Literature for Medical Staff	Percentage
Acute teaching	12	12	100
General over 100 beds	40	35	87.5
General under 100 beds	30	16	53.3
Teaching maternity	4	3	75.0
Non-teaching maternity	15	7	46.7
Psychiatric	25	22	88.0
Mental deficiency	9	4	44.4
Geriatric and Chronic	33	11	33.3
Paediatric	5	4	80.0
Convalescent	8	1	12.5
I.D., T.B., and Chest	12	10	83.3
Miscellaneous	6	3	50.0
Dental	3	3	100
State Hospital	1	1	100
Total	203	132	65

[1] Ministry of Health *and* Scottish Home and Health Department, *op. cit.*
[2] Partington, Wylva W. Queen Elizabeth II hospital library. *Postgraduate medical journal,* **42,** Sept. 1966, p. 537-42.
[3] Ministry of Health. *Administrative department.* London, H.M.S.O., 1963. (Hospital building note, 18).

Table 4 *Hospitals by bed size*

	Hospitals Surveyed	Literature for Medical Staff	Percentage
Over 500 beds	20	20	100
200-499 beds	38	29	76.3
50-199 beds	77	44	57.1
Under 50 beds	30	9	30.0
Psychiatric hospitals	25	22	88.0
Mental deficiency hospitals	9	4	44.4
Dental hospitals	3	3	100
State hospital	1	1	100
Total	203	132	65

Finance

Books for the staff were provided from a multiplicity of financial sources. Eighty-two (62.1 per cent) of the hospitals received money from Exchequer funds, 66 (50 per cent) from Endowment funds, 22 (16.7 per cent) from the University and 13 (9.8 per cent) from other sources such as the Nuffield Provincial Hospitals Trust and Post-Graduate Medical Board. Some hospitals were financed from more than one of these sources.

The hospitals which relied solely on their university medical library had their service financed by the University and no financial contribution was made by any of the hospitals. In Glasgow there is no central medical library but university departmental libraries are situated within the larger hospitals and these were financed either solely by the University or by the University with the aid of Exchequer and/or Endowment funds.

Five hospitals received financial aid from the Nuffield Provincial Hospitals Trust to found or assist in founding a medical library. The way in which these libraries were being maintained differed. Three of the hospitals which received Nuffield grants to establish libraries maintained them with Endowment funds. One was set up with the finance based on equal contributions from the Board of Management and Nuffield over three years but will have to depend for the future upon the funds derived from a charitable bequest. A group reference library which serves all the hospitals (9) in its group was originally financed by Endowment funds and a Nuffield grant and then maintained by Endowment funds but for the last two years has been financed from Exchequer funds.

Considerable detail of expenditure on medical books was made available and some comparisons can be made between hospitals of the same size and type to show the variation in financial outlay. Of two teaching hospitals with over 800 beds, one had no annual grant for books but spent £200 per annum on journals. This was financed by a combination of University and hospital Exchequer Funds. The second hospital spent a total of £887 per annum on two libraries—one a general medical library and the other a special departmental library. The medical library was financed by hospital Exchequer and Endowment funds and the annual expenditure was: books, £100; journals, £195 and binding £120. The departmental library had an annual expenditure of: books, £224; journals, £176 and binding, £72. This was financed by a University Research Trust.

Three general hospitals in the 650-750 bed range provided books from a combination of Exchequer and Endowment funds but their total annual expenditure varied considerably: £105; £306; and £549.

Two general hospitals with just over 300 beds spent totals of £197 and £444 per annum respectively —both from Endowment funds—and two hospitals in the 200-250 bed range spent £341 and £167 respectively per annum; the former from Exchequer and Endowment funds, the latter from Exchequer funds and the Post-Graduate Medical Board.

About 42 per cent of the hospitals which gave details of expenditure spent less than £100 per annum on provision of books and journals, the lowest figure being £10. The highest figure per annum, excluding those financed by the University, was £549.

Table 5

Hospitals by Bed Size	Expenditure per annum on Books and Journals			
	Over £500	£300-£499	£100-£299	Under £100
Over 500 beds	6	4	3	3
200-499 beds	1	4	10	5
50-199 beds	0	0	6	7
Under 50 beds	0	0	0	2
Psychiatric hospitals	1	2	3	12
Dental hospitals	1	0	0	0
Total	9	10	22	29

Staff

Twenty-three salaried staff were employed in medical libraries in Scottish hospitals. The salaries of six were paid by the University, sixteen by the hospital and one on a 50/50 basis by the university and the hospital. There were only six members of staff employed full-time and none of these was a professionally qualified librarian. Four of the full-time staff were employed in teaching hospitals, one in a psychiatric and one in a dental hospital.

There were no professionally qualified librarians employed part-time, and most of the 28 part-time staff were medical secretaries who combined " running " the library with their secretarial duties. Eleven of these worked for such short periods with departmental collections that none of them has been counted as salaried staff. Twenty members of staff, usually consultants acting as honorary librarians, worked in libraries in a voluntary capacity.

Accommodation

Eighty-nine (67.4 per cent) of the hospitals with a service had no separate library accommodation. Their " library ", or rather book and journal collection, was housed in such places as the medical staff sitting room or dining room, a consultant's office, the board room, or they relied on another library elsewhere, e.g. at another hospital in the group or in the University. Of those hospitals providing a separate " library ", 14 (32.6 per cent) used the rooms for some other purpose. This figure includes situations where seminars, clinical meetings and interviews were held in the library but excludes hospitals which considered that the use of the library as a reading room or a place for study was " another purpose ". Nineteen of the hospitals with separate accommodation said that there was room for expansion; only two had separate work rooms.

A few examples will show that there was as much variation in the size of library accommodation provided as in the amount spent on books and journals. Three general hospitals all with more than 600 beds had libraries of similar size, 314 sq. ft., 408 sq. ft., and 432 sq. ft., but two smaller general hospitals in the 200-499 bed category had considerably larger areas of 647 sq. ft. and 580 sq. ft., and a third hospital in the same bed group had 420 sq. ft.

Of three psychiatric hospitals all with over 1,000 beds, one library had an area of 2,283 sq. ft., while the other two had areas of only 300 sq. ft. and 168 sq. ft.

Book Stock

Some of the hospitals gave details of the number of the books and journals held and the following table gives some indication of the size of the collection in general hospitals.

Use of the collection was restricted to medical staff at almost 60 per cent of the hospitals and less than 30 per cent allowed access to general practitioners.

Departmental collections existed in 37.1 per cent of the hospitals, but only a third of these were centrally catalogued with the main collection.

Less than 30 per cent of the hospitals supplemented their library stock with subscriptions to commercial lending libraries such as Donald Ferrier and H. K. Lewis. Only 21 (15.9 per cent) borrowed books through the public libraries but a slightly higher number 34 (25.8 per cent) obtained material from other sources.

Bibliographical searches were undertaken at only 15.2 per cent of the hospitals and photocopy facilities were available at less than 40 per cent.

Table 6

Size of Hospital	Total No. of Books	Total No. of Journal Titles
500-750 beds		
Hospital A	250	60
B	59	27
C	72	12
D	340	33
300-400 beds		
Hospital A	184	36
B	230	20
C	300	14
D	600	25
200-250 beds		
Hospital A	200	40
B	140	44
C	170	17
D	416	45

Publicity

A number of hospitals attempted to publicise the library service available to their staff. Twenty produced library bulletins, two issued other publications and 45 publicised the service by " word of mouth " or via the notice board. One mentioned its library when advertising for staff.

Standards

The Library Association *Standards*[1] were circulated to all Regional Hospital Boards on publication in 1965 but only 23 of the hospitals covered by this survey said that they had seen them.

The hospitals were asked to comment on the applicability of the *Standards* in their situation and to state whether or not they considered their library service to be adequate. Fifty-six (42.4 per cent) of the hospitals considered their medical library to be adequate, 45 (34.1 per cent) inadequate and the remainder left the question unanswered. The reason most often given by the hospitals for the inadequacy of their service was insufficient funds, closely followed by the lack of staff and space. Many of the hospitals would like to see their staff book collection enlarged and a library service organised by full-time or at least part-time staff. Some hospitals without any library service were anxious to have one while others were quite prepared to accept the situation. Hospitals which were satisfied with having no library service or with an inadequate one clearly do not know what to expect from a good library service.

[1] Library Association, *op. cit.*

The reading of books for any but recreational purposes has often, but mistakenly, been considered an exclusively academic occupation, and nurses have not usually considered themselves to be academics. The training of nurses in this country has, until very recently, been conducted along severely practical lines and once qualified most nurses have been content to practise their skill without reading anything further about it; nurses have not had the opportunities to become book-conscious. But the tools of the modern nurse's trade are considerably more complex than in the days when Florence Nightingale established her training school at St. Thomas's Hospital, and the nurse, no less than the other members of the hospital staff, requires to read if she is to keep abreast of the latest developments in her field. The remarkable growth in the literature of nursing can be measured when we note that the library of the Royal College of Nursing, the only professional library for nurses in this country, began in 1921 with a stock of only 178 books, listed in the Committee Minutes as " one text-book for nurses, four for midwives and 173 on medical and surgical subjects ".[1] It now has a stock of over 21,000 books. In 1963, there were at least 117 different nursing journals published throughout the world.[2]

Clearly no one person can keep up to date with all the literature that is published and the logical development is to organise this material into libraries with the services of librarians trained to use the guides and indexes to this material without which much valuable information would remain hidden. This information is gradually being brought under bibliographical control with the publication of such guides as the *Cumulative index to nursing literature,* the *Nursing studies index* and the *International nursing index.*

Two reports have emphasised the importance of libraries to the qualified nurse. *The Fifth report of the W.H.O. expert committee on nursing,* 1966 said, " Although at all times the nurse should be ready to give of her best, it must be recognised that her effectiveness is decreased by inadequate physical conditions, poor or insufficient equipment, or by the absence of a library with adequate nursing and related technical literature ".[3]

The Irish Republic's Ministry of Health report on mental illness, published in 1966 made a significant observation about libraries: " Nurses should have access to a good library both before and after their registration. It is particularly important that tutors and other senior members of the nursing staff should have access to books of reference and periodicals and that they should be encouraged to keep up to date in their reading. Adequate library facilities have not yet been provided in many hospitals. The Commission recommends that suitable library facilities should be provided in every hospital ".[4]

If the qualified nurse is to use libraries effectively then she must have had access to a good library service during training and this must also include guidance in the use of books. Loretta E. Heidgerken in her book, *Teaching and learning in schools of nursing,* points out that " Skill in the use of the library is one of the most effective means to learn . . . for when schools and teachers are no longer available, the adult finds the library to be his main tool for continued learning ".[5]

There are welcome signs that the training of nurses in this country is no longer being thought of in terms of bed-making, the bedpan, the thermometer and even the scrubbing-brush. The Platt report[6] stressed that nurses must be educated as well as trained and libraries for nurses can play a vital role in any scheme of education if they also contain a wide range of reading material which will help the young nurse to a better knowledge and understanding of the world around her. Books are not a substitute for human experience but they can help to extend it and if she has a developed personality, the nurse can contribute more to the care of her patient.

Standards for the provision of library services

In common with other libraries, those for nurses must attain certain standards of staffing, finance, book-stock and accommodation if they are to be truly effective. In this country alone, there are no

[1] Thompson, A. M. C. Libraries in nurse-training schools. *In: Proceedings of the annual conference* [*of the Library Association*], 1962, p. 43-6.
[2] Pings, Vern M. *A plan for indexing the periodical literature of nursing.* New York, American Nurses Foundation Inc., 1966, p. 109-15.
[3] World Health Organisation. *W.H.O. expert committee on nursing: fifth report.* Geneva, W.H.O., 1966, p. 20.
[4] Irish Republic. Ministry of Health. *Report of a commission of enquiry on mental illness.* Dublin, Stationery Office, 1966, para. 166.
[5] Heidgerken, Loretta E. *Teaching and learning in schools of nursing;* 3rd ed. London, Pitman, 1965.
[6] Royal College of Nursing *and* National Council of Nurses of the United Kingdom. *A reform of nursing education: first report of a special committee* [*chairman: Sir Harry Platt*]. London, Rcn., 1964.

fewer than three different sets of detailed recommendations for capital expenditure on books and running costs for the library of a nurse-training school: those issued by the Ministry of Health in Equipment note 14, *Nurse training schools*[1]; the interim report of the National Book League's survey, *Book and journal services for doctors and nurses,* by J. E. Morpurgo[2]; and the Library Association's *Hospital libraries: recommended standards for libraries in hospitals.*[3] The Royal College of Nursing, *Library guide for schools of nursing*[4] also gives recommended figures for expenditure on nurse-training school libraries but these are similar to those given in the Library Association's *Standards.* Because trained nursing staff have either been expected to use the nurse-training school library or not to read at all, no authoritative recommendations have been made for expenditure on literature for qualified nurses. Therefore all the information in this section relates to libraries in nurse-training schools.

Staff

The Ministry of Health, National Book League and the Royal College of Nursing make no recommendation on the staffing of nurse-training school libraries; indeed the Rcn *Guide*, whilst acknowledging that nothing can take the place of a professional training in librarianship, is issued to assist tutors in the running of training school libraries.

The Library Association's *Standards* stress the importance of libraries being in the care of a professional librarian and recommend that where a professional librarian is employed elsewhere in the hospital, he should have overall surveillance of the nurse-training school library and be established as consultant and adviser on all aspects of the administration and organisation of the training school library.

In the United States, the United Hospital Fund of New York suggested as long ago as 1957 that the minimum staff requirement for a school of 100-200 students with a full-time teaching complement of 10-25, is one librarian and one clerical assistant.[5] The Canadian Hospital Association recommends that the minimum staff for a nurse-training school of up to 300 students should be a full-time librarian plus a clerkess-typist.[6]

Finance

The Ministry of Health's recommendations[7] are as follows:

A. *Capital expenditure*

For the first 40 nurses allow £220.
For the next 60 nurses allow £3 per head.
For the next 100 nurses allow £4 per head.
For each additional nurse (i.e. beyond 200) allow £3 per head.

B. *Running costs*

None given.

The National Book League[8] recommends:

A. *Capital expenditure*

Capital expenditure is based on their selection of 300 books[9] which they consider the *absolute basic minimum* for a nurse-training school of any size, even the smallest. Expenditure allows for two to three copies of basic text books but not multiple sets. It does not include an allowance for reference books or general literature. 300 books at average price 25s. (1966) per book=£375.

B. *Running costs*

To maintain the above plus the cost of five periodicals which the National Book League considers the minimum for any library, and their binding would require £100 p.a. rising by 4 per cent per annum. This does not include provision of any literature for the teaching staff.

[1] Ministry of Health. *Training school for nurses.* London, H.M.S.O., 1963. (Hospital equipment note, 14).
[2] Morpurgo, J. E. *Book and journal services for doctors and nurses.* London, N.P.H.T., 1966.
[3] Library Association. *Hospital libraries: recommended standards for libraries in hospitals.* London, The Association, 1965.
[4] Royal College of Nursing *and* National Council of Nurses of the United Kingdom. *A library guide for schools of nursing;* 2nd ed. London, Rcn., 1967.
[5] United Hospital Fund of New York. Committee on hospital library architecture. *Planning the hospital library.* New York, The Fund, 1957.
[6] Robinow, Beatrix H. *Outline for the organisation of hospital libraries.* Toronto, Canadian hospital association, 1967.
[7] Ministry of Health. Equipment note 14, *op. cit.*
[8] Morpurgo, J. E., *op. cit.*
[9] *A basic library for nursing schools.* London, National Book League, 1964.

The Library Association's *Standards*[1] suggest:

A. *Capital expenditure*
Not less than five books per student should be budgeted for. Average (1964) price of books=30s. In addition, £200 will be required for reference books.

B. *Running costs*
For the first 100 students allow £1 per head.
For the second 100 students allow 15s. per head.
For the third 100 students allow 10s. per head.
For each succeeding 100 allow 10s. per head.
In addition, £75 is needed for periodicals whatever the size of the school.
An increase of 15 per cent annually should be budgeted.

The Royal College of Nursing recommendations are the same as those given in the Library Association's *Standards* except that the average price of nursing text books is noted as being, in 1967, 35s.[2]

It is clear that there is some discrepancy in the various recommendations for both capital and running costs of libraries in nurse-training schools and confusion is increased because the suggested figures do not all cover the same things. Applying the three sets of recommendations to a training school of 100 nurses, the following figures for capital expenditure are obtained: Ministry of Health, £400; National Book League, £375; Library Association, £950. The National Book League figure does not include general literature or reference books. The Library Association figure does, and the Ministry figure may or may not.

It should be noted that the Ministry's figures were issued in 1963. Since then, the price of books and periodicals in all fields has risen quite considerably. Detailed analyses of price increases have been made only in the last two years, but judging by the figures available,[3] the suggestion made by the Library Association and the Royal College of Nursing that allowance should be made for a 15 per cent increase annually, seems realistic at the present time.

The Ministry of Health gives no guidance on running costs but applying the recommendations of the other bodies to the same hypothetical school of 100 nurses, we find that the annual expenditure should be £100 (N.B.L.) and £175 (L.A.). Both sums include periodical subscriptions, the Library Association's suggestion being that not less than £75 p.a. should be spent on periodicals.

Bookstock and periodicals

The Library Association's *Standards* suggest that the stock of the nurse-training school library must not only cover adequately all the subjects of the syllabus, but should also include a good selection of material on sociology and history. Both the Rcn *Guide* and the Library Association's *Standards* emphasise that the library is no place for multiple copies of text books; these should be bought by the students themselves. Both organisations indicate the importance of a good working collection of reference books on general subjects, science, sociology and psychology as well as the more obvious ones on medicine and nursing. The Rcn *Guide* suggests that the reference collection should include a good English dictionary; a medical dictionary; a good encyclopaedia; foreign language dictionaries; *Whitaker's almanack*; *Who's who*; *The Oxford atlas*; *Roget's Thesaurus* and the *Oxford book of quotations*.

Periodicals are one of the most important sources of information in any library and both the Library Association and The Royal College of Nursing stress that periodicals are essential in nurse-training school libraries.

Accommodation

There are various recommendations on the amount of accommodation required for libraries in nurse-training schools, but these can be broken down into two main groups:

(1) The recommendations given by the Ministry of Health in *Building note* 14,[4] which are:
For 100 students allow 400 sq. ft.
For 200 students allow 600 sq. ft.
For 300 students allow 800 sq. ft.
For 400 students allow 1,000 sq. ft.

[1] Library Association, *op. cit.*
[2] Royal College of Nursing, *op. cit.* p. 11.
[3] Average book prices. *Library association record,* **69,** Aug. 1967, p. 277-81. Veasey, W. I. *Comparative index to periodical prices, ibid.,* p. 274-6. *The cost of books and periodicals in a medical library, ibid.,* **69,** Feb. 1967, p. 47-8. [The authors have not quoted 1967 figures as due to devaluation they are not a typical example].
[4] Ministry of Health. *Training school for nurses.* London, H.M.S.O., 1964. (Hospital building note, 14).

(2) The Library Association's *Standards,*[1] the Rcn *Guide to libraries in nurse-training schools,*[2] and the *Architects' journal,*[3] all recommend that the size of a library should be calculated as follows: allowance should be made for 25 per cent of the optimum number of users to be able to use the library at any one time and for each of these 25 sq. ft. should be allowed. Up to 35 sq. ft. per reader is required for research workers. It is interesting to note that the Canadian Hospital Association[4] recommends that one-third of the nursing students should be able to use the library at one time.

Facts from the Scottish survey

Out of a total of 203 hospitals surveyed, 127 provided books for nurses. This is 62.6 per cent of the total. In 19 hospitals books were for reference only.

Table 7 *Hospitals by type*

	Hospitals Surveyed	Literature for Nursing Staff	Percentage
Acute teaching	12	12	100
General over 100 beds	40	32	80.0
General under 100 beds	30	17	56.7
Teaching maternity	4	4	100
Non-teaching maternity	15	8	53.3
Psychiatric	25	24	96.0
Mental deficiency	9	4	44.4
Geriatric and Chronic	33	11	33.3
Paediatric	5	4	80.0
Convalescent	8	0	0
I.D., T.B., Chest	12	7	58.3
Miscellaneous	6	2	33.3
Dental	3	1	33.3
State hospital	1	1	100
Total	203	127	62.6

Table 8 *Hospitals by bed size*

	Hospitals Surveyed	Literature for Nursing Staff	Percentage
Over 500 beds	20	20	100
200-499 beds	38	28	73.7
50-199 beds	77	42	54.5
Under 50 beds	30	7	23.3
Psychiatric hospitals	25	24	96.0
Mental deficiency hospitals	9	4	44.4
Dental hospitals	3	1	33.3
State hospital	1	1	100
Total	203	127	62.6

it is interesting to note that provision for nurses was greater in those hospitals where it is likely that nurse-training is undertaken (i.e. acute teaching, large general hospitals, psychiatric hospitals) and

[1] Library Association, *op. cit.*
[2] Royal College of Nursing, *op. cit.*
[3] *Architects' journal,* **141,** Feb. 24, 1965. Information sheet 1318.
[4] Robinow, Beatrix H., *op. cit.*

poorest in the smaller hospitals where no nurse-training is provided. It is surprising though that only one-third of the geriatric and chronic sick hospitals surveyed provided literature for nurses, especially as this is a field in which methods of treatment and standards, and attitudes to care are changing rapidly.

Finance

By far the greatest proportion of libraries (113 : 89 per cent) were financed by Regional Nurse Training Committees (in England and Wales, Area Nurse Training Committees). This further endorses the conclusion that where nursing literature is provided in hospitals, it is usually at student-nurse level and not for trained nurses. Thirty-seven (29.1 per cent) nursing libraries received money from Endowment funds and ten (7.9 per cent) from other sources. " Other sources " included voluntary donations, fines on nurses, and teaching staff contributing sums from their own pockets. That these three figures taken together come to more than 127 is accounted for by the fact that some libraries were receiving money from more than one source. Obviously some hospitals were finding the money they received from the Regional Nurse Training Committee insufficient and were supplementing this in other ways.

Table 9 *Source of finance*

	R.N.T.C.	Endowments	Other
Acute teaching	11	0	0
General over 100 beds	31	7	1
General under 100 beds	12	8	2
Teaching maternity	4	1	1
Non-teaching maternity	8	2	1
Psychiatric	19	10	1
Mental deficiency	4	1	0
Geriatric and Chronic	12	4	0
Paediatric	4	1	1
Convalescent	0	0	0
I.D., T.B., Chest	4	2	2
Miscellaneous	3	1	0
Dental	0	0	1
State hospital	1	0	0
Total	113	37	10

Only 64 nursing libraries gave details of expenditure. In addition three said their expenditure was variable. One of these, with a training school of over 400 nurses said expenditure " varied greatly according to the availability of funds ".

Because of incompleteness of figures it is impossible to give a fully accurate financial picture of nursing libraries over the whole of Scotland, but some examples may serve to indicate the wide variety in expenditure. One school of nearly 300 students spent £200 on its library; another of 150 students, that is about half the size of the first school, also spent £200. Another school of 150 students spent only £80 and a school of 128 students spent £50 per annum. It seems that only two nurse-training schools were spending adequately. One of 150 students which spent £200 is in a general hospital and another of 75 students which spent £110 is in a psychiatric hospital.

Table 10 *Expenditure*

	No. of Students	Annual Expenditure
School A	300	£200
School B	150	£200
School C	150	£80
School D	128	£50

Although the questionnaire asked for a separate figure for expenditure on periodicals, only 25 hospitals gave this. Of the twenty-five, 18 were spending £10 or less; 9 were actually spending £10. Two were spending £40. No nursing library spent more than this on periodicals. The remainder were spending £11, £12, £15, £28 and £30.

Bookstock and periodicals

Although it is not possible to measure the quality of a library on its size alone, the questionnaire did ask for numbers of books and periodical subscriptions since these figures in conjunction with other information can give an overall picture of the scope of a library. Sixty-three hospitals gave the total number of volumes in the nurse-training school library. Once again, a few examples will serve to show the wide variation between schools of a comparable size.

Table 11 *Book stock and periodicals*

	Book Stock	Periodical Subscriptions	Newspapers
Under 100 students			
Hospital A	700	3	0
Hospital B	600	3	0
Hospital C	353	3	0
Hospital D	290	2	0
100-299 students			
Hospital A	701	12	4
Hosipital B	575	0	0
Hospital C	280	4	0

Fifty-seven hospitals gave details of the number of periodical subscriptions taken out by the nurse-training school library, but they were not asked to distinguish between professional journals and more general periodicals. Sixteen did not subscribe to any periodicals at all and 12 took only two titles. Forty-four of the 57 hospitals (77.2 per cent) took four or less periodicals. The highest number of periodicals taken was 16. Four nurse-training schools took daily newspapers.

Table 12 *Periodical subscriptions*

No. of periodical subscriptions	0	2	3	4	5-10	Over 10
No. of hospitals	16	12	7	9	10	3

Accommodation

Only 47 hospitals (37 per cent) made provision for their literature collections for nurses in a separate library room. Others kept their books in classrooms, cupboards in corridors, or in tutors' offices. Nineteen of the 47 had room for further expansion; one had a separate work-room. Only one was used for " other purposes " although some who filled in the questionnaire thought that using the library for study was " another purpose ".

Room sizes were as variable as the expenditure amongst training schools of similar sizes. A few examples will illustrate. One hospital with 82 nurses in training had a training school library of 540 square feet. Another school of 92 students had no separate room at all for its library, and a third school of 72 students had a library of only 270 square feet. A school with 150 students had 150 square feet for its library; a school, only slightly larger, with 167 nurses in training had a library of 370 square feet, more than double the first. In a third group, a school with 118 nurses in training (including 24 pupil midwives) had a library of 256 square feet, and another of 253 students (including 35 pupil midwives), more than double the number of students, had a library room slightly smaller, 224 square feet.

Table 13 *Sizes of libraries*

	No. of Students	Size
Under 100 students		
School A	82	540 sq. ft.
School B	92	no separate library
School C	72	270 sq. ft.
Over 100 students		
School A	150	150 sq. ft.
School B	167	370 sq. ft.
School C	118	256 sq. ft.
School D	253	224 sq. ft.

Staff

At the time of the survey, no library for nurses employed any full-time staff. Since the questionnaires were returned, however, Foresterhill College of Nursing, Aberdeen, has opened and employs a full-time professionally qualified librarian. There were five part-time clerical staff working in nursing libraries throughout Scotland, all employed by the hospital and there were 15 volunteers, mostly nurse tutors looking after the library in their spare time.

Standards

Hospitals were asked if the authority controlling their library services had seen the Library Association's *Standards*[1] and if they thought their libraries adequate. Of the 203 hospitals surveyed, 23 indicated that they had seen the *Standards*, and of those who answered the question on adequacy with reference to the nursing library, 50 thought that their nursing library was adequate. Amongst the reasons given for inadequacy were: a need for more books; a need for more accommodation; a need for more money; a need for filmstrips and educational tapes; a need for a reference library for the use of all staff; and quite simply, " we need a library ".

Use of medical and patients' libraries

Hospitals were asked if other staff, including nurses, were allowed to use the medical and the patients' libraries. Of the 132 hospitals with a medical library, 55 (41.7 per cent) said that other staff could use it. Hospitals with a patients' library totalled 129, and of these, 42 (32.6 per cent) allowed others to use the library.

Other collections

One hospital had a separate and quite substantial nurses' fiction library, but no library for patients. Another had a collection of programmed learning material.

[1] Library Association, *op. cit.*

Previous chapters have stressed the necessity of a library service to hospital staff as a means of keeping abreast of current developments in their particular field. Although patients' requirements from a library service are different, they are of equal importance. The purpose of the patients' library service is to provide material which is recreational, educational and also therapeutic.

As ordinary members of the community who, for varying periods of time, are cut off from their normal environment, hospital patients must be given every assistance to adjust to their new situation. It is a modern concept of patient care to treat the patient as a whole personality whose mental and physical well-being are equally important. The inscription on the front of the ancient library at Thebes read " medicine for the soul ", thus from the earliest times it has been recognised that reading has a therapeutic value.[1] Indeed, the role of the library in providing for the rehabilitation of the sick cannot be over-emphasised and a great deal has been written about the practice of bibliotherapy and the place of the librarian in the therapeutic team.[2] Patients come from all age groups and have widely differing backgrounds. In general hospitals, a comprehensive bookstock selected on principles similar to those for a public library is therefore essential to cater for a wide variety of reading tastes and habits.

For some long-term patients, particularly orthopaedic, the educational role of the library is evident. Here, the library service must be able to meet the needs of students wishing to continue courses of study and to assist in the rehabilitation of severely injured patients, who may have difficulty in accepting their condition, and who may have to undergo re-education and re-training in order to take up a new occupation. It is the duty of the librarian to see that these patients are supplied with any necessary reading aids and equipment of which there is now a wide variety available.

It is a surprising fact that some consider a library service to geriatric patients is unnecessary but the visit of the librarian can play an important part in keeping interest alive and in preventing the general feeling of apathy that so often pervades the geriatric ward. Large print books such as those in the Ulverscroft series are useful for patients with poor eyesight and for the blind, books in braille can be borrowed from the Royal National Library for the Blind or talking books provided. At the other end of the age scale, children are particularly sensitive to change and for many of them hospitalisation is a frightening experience. That reading is important to the child in hospital is evident from the publication *Books to help children adjust to a hospital situation.*[3]

Great changes have occurred in recent years in the treatment of psychiatric patients and a good library service is able to contribute to group therapy sessions with collections of poetry, plays and record recitals. Suitable patients may be sent to work in the library to help them redevelop self-reliance and to prepare for life outside the hospital. All too often there is no library service to patients in M.D. hospitals although some of these patients are educable and capable of reading simply written books. It has been pointed out that even severely sub-normal patients derive pleasure from highly-coloured picture books and that a qualified librarian can be of great benefit to a group of M.D. hospitals.[4]

The reading requirements of patients in hospital are diverse and cannot be adequately met without certain standards of staffing, finance, bookstock and accommodation being attained.

Standards for the provision of library services

In October 1966 the Scottish Library Association in its evidence to the Royal Commission on Local Government in Scotland said that a fully adequate public library service should include effective provision of books in hospitals, prisons and similar institutions and a home lending service for the disabled.[5]

In December 1966 a deputation from the Library Association to the Ministry of Health suggested that the initiative for the provision, maintenance and development of all library services in hospitals rests with the hospital authorities and that the Ministry should remind the Regional Hospital Boards

[1] Leuschner, Lucille K. Bibliotherapy and patient libraries. *In: Administration of activity therapy services;* compiled and edited by Gerald S. O'Morrow. Springfield, Ill., Thomas, 1966, p. 137.
[2] United States Veterans Administration. Department of Medicine and surgery. Medical and general reference library. *We call it bibliotherapy: an annotated bibliography . . . ,* 1900-1966. Washington, D.C., Veterans Administration, 1967.
[3] Flandorf, Vera S., *compiler. Books to help children adjust to a hospital situation.* Chicago, Association of Hospital and Institution Libraries, 1967.
[4] Hallas, Charles H. *The care and training of the mentally sub-normal;* 3rd ed. Bristol, John Wright, 1967, p. 124.
[5] Evidence for submission to the Royal Commission on Local Government in Scotland by the Council of the Scottish Library Association. *S.L.A. news* no. 76, Oct./Dec., 1966, p. 5-6.

of the urgency of their responsibilities.[1] In the Library Association's pamphlet *Hospital Libraries: recommended standards for libraries in hospitals* it is stated that adequate Exchequer funds should be provided for this purpose and that endowments and gifts should be used to supplement but not to replace the Exchequer funds.[2] But the *Standards* go on to point out that in some areas a public library authority may be willing to assist in the provision of a service to patients. Certainly, as the majority of patients may be rate payers and the hospitals themselves, although exempt from rates pay a sum in lieu which is almost the equivalent, it may be considered that they are entitled to a service from the local authority. But whichever authority is ultimately responsible it must provide a certain standard of service and there are a number of different recommendations on the establishment and running of patients' libraries available.

Staff

The Library Association's *Standards* state that one chartered librarian may be sufficient to run the general library service provided adequate non-professional help is available, with the proviso that as the service develops more appointments to the staff will become necessary.

The Hospital Libraries Division of the American Library Association state that the size and type of hospital must be taken into account when determining the number of staff required.[3] The following ratio is recommended for general hospitals:—

Size of hospital	*Library staff*
Up to 300 beds serviced:	Minimum of 1 professional librarian, clerical assistance as required.
301-500 beds serviced:	Minimum of 1½ professional librarians, minimum of 1 clerical assistant.
Over 500 beds serviced:	Minimum of 2-5 professional librarians, minimum of 1 or more clerical assistants as required.

They note that mental hospitals, orthopaedic and children's hospitals will require approximately one-third more service than patients in general hospitals.

The standards for estimating staffing requirements in Scandinavia are based on the fact that one librarian can, on average, visit 20-25 beds per hour or 100 patients per day. Patients should be visited at least once per week and due to the exacting nature of the work not more than three to four hours of book rounds should be undertaken in one day. Time is also required to prepare the trolleys and to serve staff and ambulant patients in the library. The library's availability to ambulant patients is estimated at one hour a week per 250 patients and in mental hospitals at one hour per 150 patients. These standards pre-suppose that purchasing, cataloguing and delivery of books are undertaken by the local public library.[4]

Finance

Other than saying that adequate Exchequer funds should be made available the Library Association's *Standards* give no guidance on the amount of money required to establish or maintain a library service for patients.

The Ministry of Health and Scottish Home and Health Department in *Equipment note* 18[5] give a cost guide for equipping the patients' library but again there is no guidance on maintenance costs. The amount given includes furniture and is to cover books " as required " with the suggested minimum of three volumes per bed and is as follows:—

Size of hospital	*Expenditure*
300 beds:	£640
450 beds:	£925
600 beds:	£1,235
800 beds:	£1,610

In England and Wales a large number of hospitals have a patients' library service organised by the joint committee of the Order of St. John and the British Red Cross Society and since 1950 the

[1] Library Association. *Annual report . . .* 1966, p. 14-15.
[2] Library Association. *Hospital libraries: recommended standards for libraries in hospitals.* London, The Association, 1965.
[3] American Library Association. Hospital Libraries Division. Joint committee on standards for hospital libraries. *Hospital libraries: objectives and standards.* Chicago, The Association, 1953.
[4] Larsson, Estrid. *Sjukhusbibliotek i de nordiska länderna: organisation och administration.* Lund, Bibliotekstjänst, 1964. (Sveriges allmänna biblioteksforenings småskrifter, 63).
[5] Ministry of Health *and* Scottish Home and Health Department. *Administrative department.* London, H.M.S.O., 1964. (Hospital equipment note, 18).

Ministry of Health has issued circulars approving payment for this service. The sum agreed between the Ministry and the St. John and Red Cross has risen from 5s. 0d. per annum per *occupied* bed in 1950 to 15s. 6d. per *occupied* bed as from 1st January 1967.[1]

Book stock

In the three sets of standards quoted, the recommended book stock is calculated according to the bed size of the hospital. The Library Association's *Standards*[2] recommend the following:—

Size of hospital	*Book stock*
up to 50 beds:	1,000 books
51-100 beds:	1,500 books
101-150 beds:	2,000 books
151-200 beds:	2,500 books
over 250 beds:	At least 3,000 books
300-600 beds:	Up to 5,000 books

In each case there should also be access to a larger stock from which books may be requested and/or exchanged on a regular basis.

In 1960 the International Federation of Library Associations[3] recommended that the minimum basic stock for general hospitals should be calculated as follows:—

Size of hospital	*Book stock*
up to 500 beds:	8 books per bed.
500-1,000 beds:	In addition allow 6 books for each bed over 500.
over 1,000 beds:	As above plus 5 volumes per bed for each bed over 1,000.

In the hospitals where patients' stay will be of at least six months duration this allowance must be raised by 40 per cent for hospitals of up to 500 beds and by 30 per cent for hospitals over 500 beds.

The Hospital Library Division of the American Library Association[4] suggest a minimum stock as follows:—

Size of hospital	*Book stock*
up to 300 beds:	8 books per patient
301-500 beds:	7 books per patient
501-800 beds:	6 books per patient
801-1,100 beds:	5 books per patient
1,101-1,500 beds:	4 books per patient

They note that special hospitals such as orthopaedic, children's and 200-400 bed mental hospitals will need at least 25 per cent more volumes; mental hospitals with 1,000 or more beds will usually need fewer volumes than in the above scale.

Accommodation

Adequate library accommodation is essential and sufficient space must be allocated for the library staff, for the book stock and for ambulant and wheelchair patients for " browsing ". Space will also be required for housing book trolleys and reading aids and a separate work room should be provided.

In *Building note* 18,[5] the Ministry of Health recommend minimum room sizes for the patients' library as follows:

Size of hospital	*Size of library*
300 beds:	200 sq. ft.
450 beds:	300 sq. ft.
600 beds:	400 sq. ft.
800 beds:	550 sq. ft.

They also give guidance on how to calculate the amount of shelving required allowing three books per bed and ten books per linear foot.

[1] R.H.B. (50) 32; H.M. (66) 77.
[2] Library Association, *op. cit.*
[3] International Federation of Library Associations. Mémoire indicateur sur les bibliothèques d'hôpitaux. *Libri,* Copenhagen, 10, no. 2, 1960, p. 141-6.
[4] American Library Association. Hospital Libraries Division. Joint committee on standards for hospital libraries, *op. cit.*
[5] Ministry of Health. *Administrative department.* London, H.M.S.O., 1966. (Hospital building note, 18).

The Library Association's *Standards*[1] recommend that 400 sq. ft. is the absolute minimum area for the establishment of any hospital library service regardless of the number of patients and staff. In addition, an area of 200 sq. ft. for storage and for work space is required which will be sufficient only if the public library provides the book stock and there must also be parking space for book trolleys. For larger hospitals excluding storage and work space the following is recommended:—

Size of hospital	*Size of library*
200-400 beds:	600 sq. ft.
401-600 beds:	700 sq. ft.
over 600 beds:	800 sq. ft.

For a 400-600 bed hospital the United Hospital Fund of New York calculates the space requirements on the shelving for a book stock of 3,000-5,000 volumes and 50 periodicals. Allowance is made for a seating capacity for 25-30 readers, approximately half at tables and half in lounge chairs. Additionally parking space is required for four book trolleys, a separate work room and a librarian's office.[2]

The recommendations quoted above are sometimes at variance and are not completely comprehensive but they do give some guidance on the standard of library service which should be available in all hospitals and by which one can judge what is being provided in Scottish hospitals.

Table 14 *Hospitals by type*

	Hospitals Surveyed	Literature for Patients	Percentage
Acute teaching	12	10	83.3
General over 100 beds	40	35	87.5
General under 100 beds	30	19	63.3
Teaching maternity	4	1	25.0
Non-teaching maternity	15	3	20.0
Psychiatric	25	20	80.0
Mental deficiency	9	1	11.1
Geriatric and Chronic	33	19	57.6
Paediatric	5	3	60.0
Convalescent	8	5	62.5
I.D., T.B. and Chest	12	7	58.3
Miscellaneous	6	5	83.3
State hospital	1	1	100
Total	200	129	64.5

Table 15 *Hospitals by bed size*

	Hospitals Surveyed	Literature for Patients	Percentage
Over 500 beds	20	17	85.0
200-499 beds	38	30	78.9
50-199 beds	77	49	63.6
Under 50 beds	30	11	36.7
Psychiatric hospitals	25	20	80.0
Mental deficiency hospitals	9	1	11.1
State hospital	1	1	100
Total	200	129	64.5

[1] Library Association, *op. cit.*
[2] United Hospital Fund of New York. Committee on hospital library architecture. *Planning the hospital library.* New York, The Fund, 1957.

Facts from the Scottish survey

There was some form of library service to patients at 129 (64.5 per cent) of the 200* hospitals surveyed. It can be seen from the preceding tables that the highest proportion of this provision was in the larger general hospitals and psychiatric hospitals and that very little was being provided in M.D., maternity and geriatric hospitals.

Finance

The patients' library service was being provided from such a variety of sources that comparative figures on expenditure were not readily available.

Ninety-six hospitals (74.4 per cent) received their service wholly or partially from voluntary organisations which meant that the book stock was generally donated although some organisations, particularly the Red Cross, did purchase books from their own funds or from small sums made available from hospital Endowments.

Thirty-one hospitals (24 per cent) made financial contributions to the service from Endowment funds. A few examples will illustrate how this money was being used. A local authority which provided a weekly service to two general hospitals of 136 and 101 beds, made a service charge of £125 per annum for each hospital, and this was paid from Endowment funds. Two general hospitals of 242 and 736 beds donated £100 per annum on a group basis to the Red Cross for their service. Two teaching hospitals of 605 beds and 968 beds each spent £150 per annum on books for patients. Lesser sums were allocated by a geriatric hospital of 105 beds which spent £26 per annum and a general hospital of 386 beds which spent £25 per annum.

Local authorities provided staff and/or books to 41 hospitals (32.5 per cent) and separate figures of expenditure have not generally been available.

Seven hospitals made contributions from Exchequer funds and this was usually where salaried staff were employed, e.g. a teaching hospital and a psychiatric hospital both over 1,000 beds spent £750 and £810 respectively per annum on salaries. At the teaching hospital the librarian was employed by the hospital, at the psychiatric hospital the librarian was on the staff of the local authority library and the hospital reimbursed the salary to the local authority.

Staff

Seventeen salaried staff were employed in the patients' library service, eight of whom were paid by the hospital or group, and seven of whom were paid by the local authority. In one general hospital the salary was paid on a 50/50 basis by the local authority and the Red Cross, and in another the librarian was on the staff of the local authority Further Education Department.

Of the 17 salaried staff, five were engaged full-time, solely on library duties. Three of these were each at one hospital, a teaching hospital and a psychiatric hospital both over 1,000 beds and a general hospital of 400 beds. The other two served four hospitals between them.

The remaining salaried staff (12) were employed on a part-time basis in the patients' library, although some of these were also engaged on other duties within the hospital (e.g. secretarial work). Three of the 12 were on the staff of the local authority library, but spent from four to six hours weekly in the hospital, one of them serving two hospitals.

The number of voluntary staff involved was difficult to calculate as complete figures were not given. A total of 307 volunteers was calculated as follows : 83 from the Red Cross, 36 from the W.R.V.S., and 188 from other organisations such as Toc H and the Friends of the hospital. These volunteers were contributing a total of 564½ hours weekly, most of them working on a rota basis giving two to three hours each week. Of those remaining hospitals who did not supply the number of people involved, 18 hospitals were served by the Red Cross, seven by the W.R.V.S. and seven by other organisations. Ten patients were working in psychiatric hospital libraries, one on a full-time basis.

Book Stock

Books for the patients' library service were being provided in various ways but a large number of hospitals would appear to be relying on donated books. These books were given either to the hospital direct or had been gifted to the voluntary organisation running the service.

* The three dental hospitals are excluded from this section as they have no in-patients.

Two small general hospitals which according to the Library Association's *Standards* should have a stock of at least 2,500 volumes each, had libraries of donated books totalling 200 and 800 volumes and a larger general hospital which should have a book stock of about 5,000 volumes had a total stock of 900 donated books. One teaching hospital had a stock of 2,900 volumes which is about half the minimum recommendation for its size while another had a stock of 10,000 volumes. The latter with just over 10 volumes per bed met the standard in quantity but as most of these books were donated no standard of book selection was applied. A psychiatric hospital of 810 beds had a stock of only 1,200 volumes which was wholly maintained by gifts.

In hospitals where the service was organised by voluntary bodies it was not always clear whether the book stock consisted solely of donated books or if new books were also provided. An example of a combination of the two was at a rehabilitation hospital of 219 beds which had a stock of 2,000 volumes; the voluntary organisation spent £40-£60 per annum on books and the rest were donated.

In one area the Red Cross served four hospitals, with a total bed complement of 822, on a group basis and had built up a library of 6,500 volumes, about eight volumes per bed. These books were purchased with Red Cross funds and hospital Endowment funds but in some of the other hospitals served by the Red Cross the books were either donated or provided by the local authority.

Twenty-six local authorities, 17 county libraries and nine burgh libraries, provided books to one or more hospitals in their area. In three of the hospitals the books were withdrawn from local authority stock (e.g. a chest hospital and a convalescent hospital each with 78 beds had libraries of 6,000 and 2,000 volumes respectively all of which were county library discards). At one large psychiatric hospital the library for one group of patients consisted of public library discards while another group was served with a stock of new or almost new books purchased by the Red Cross.

Table 16 *Book Stock: comparison of book-stock sizes with Library Association recommendations*

Size and Type of Hospital	Book stock	Source	Minimum Book Stock Recommended
1. *51-100 beds*			
A 52 beds, general	300 vols.	Red Cross	1,500 vols.
B 78 beds, convalescent	2,500 vols.	County Library discards	1,500 vols.
C 78 beds, chest	6,000 vols.	County Library discards	1,500 vols.
2. *101-150 beds*			
A 122 beds, general	200 vols.	donated	2,000 vols.
B 120 beds, general	1,300 vols.	Public Library	2,000 vols.
C 116 beds, convalescent	320 vols.	donated	2,000 vols.
3. *151-200 beds*			
A 155 beds, general	1,500 vols.	Red Cross	2,500 vols.
B 219 beds, general	750 vols.	Red Cross	2,500 vols.
C 153 beds, psychiatric	250 vols. (exchanged regularly)	County Library	2,500 vols.
4. *300-600 beds*			
A 366 beds, teaching	500 vols.	Red Cross	5,000 vols.
B 305 beds, general	1,200 vols.	donated	5,000 vols.
C 402 beds, psychiatric	500 vols.	County Library	5,000 vols.
D 526 beds, general	8,300 vols.	Red Cross and Endowments	5,000 vols.
E 560 beds, psychiatric	2,500-3,000 vols.	County Library	5,000 vols.
F 615 beds, general	900 vols.	donated	5,000 vols.

Hospitals with books provided by the local authority did not always have the total stock required by the *Standards* but there was a regular exchange of books between the hospital and the local library. One psychiatric hospital with 881 beds had a stock of only 2,000 books but a selection of these was changed regularly and a small psychiatric hospital of 153 beds with a stock of 250 books had a total exchange as often as requested. A general hospital with 400 beds was served by the county library and had a total stock of 2,500-3,000 volumes with 250 books exchanged every five weeks and another general hospital of 612 beds had a stock of 4,500 volumes from the public library but neither of these reached the recommended standard of up to 5,000 volumes for hospitals of 300-600 beds.

Accommodation

Only 20 hospitals, i.e. 15.5 per cent of the total providing a patients' library service, had a room set aside for use as a library. Three of these hospitals had space for expansion but only one, a psychiatric hospital, had a separate work room. The library in one psychiatric hospital was used also as a waiting room. At the remaining hospitals books were housed in cupboards and store rooms and were generally inaccessible although in some hospitals patients could visit these " store rooms ".

Ten of the 20 hospitals with a library room were psychiatric hospitals all except two of which had more than 600 beds. The minimum library area recommended by the Library Association for hospitals over 600 beds is 800 sq. ft., with the proviso that the type of hospital will influence the size of accommodation and that this does not include a separate work room. As the majority of patients in psychiatric hospitals are ambulant, the minimum area recommended should be increased. A few examples will illustrate what was being provided. Two psychiatric hospitals, one of 990 beds and one of 830 beds had areas of 300 sq. ft. and 270 sq. ft. respectively—these were less than half the minimum recommendation. Two of the largest psychiatric hospitals, one of 1,132 beds and one of

Table 17 *Accommodation: comparison of library room sizes with Library Association recommendations*

Size and Type of Hospital	Size of Library	Minimum Recommended Size
1. *Minimum for any size of hospital*		
A 146 beds, I.D., T.B. Chest	144 sq. ft.	400 sq. ft.
B 156 beds, general	360 sq. ft.	400 sq. ft.
2. *200-400 beds*		
A 338 beds, teaching	200 sq. ft.	600 sq. ft.
B 304 beds, psychiatric	225 sq. ft.	600 sq. ft.
C 400 beds, general	640 sq. ft.	600 sq. ft.
D 385 beds, M.D.	860 sq. ft.	600 sq. ft.
3. *401-600 beds*		
A 458 beds, general	600 sq. ft.	700 sq. ft.
B 520 beds, teaching	400 sq. ft.	700 sq. ft.
C 418 beds, psychiatric	400 sq. ft.	700 sq. ft.
4. *over 600 beds*		
A 612 beds, general	402 sq. ft.	800 sq. ft.
B 864 beds, teaching	286 sq. ft.	800 sq. ft.
C 968 beds, teaching	378 sq. ft.	800 sq. ft.
D 830 beds, psychiatric	270 sq. ft.	800 sq. ft.
E 1,140 beds, psychiatric	540 sq. ft.	800 sq. ft.
F 1,258 beds, psychiatric	856 sq. ft.	800 sq. ft.
G 810 beds, psychiatric	1,300 sq. ft.	800 sq. ft.

1,280 beds, had areas of 747 sq. ft. and 450 sq. ft. respectively, although the latter had also a separate work room. One psychiatric hospital with 812 beds was providing an adequate amount of space with an area of 1,300 sq. ft.

A general hospital with 612 beds and a teaching hospital with 968 beds had areas of 402 sq. ft. and 378 sq. ft. respectively, again about half the minimum area recommended. One teaching hospital of 520 beds which should have a minimum area of 700 sq. ft. had 400 sq. ft. and another teaching hospital of 338 beds which should have a minimum of 600 sq. ft. had only 200 sq. ft.

Only two hospitals which should have a minimum area of 600 sq. ft. seemed to have reached this standard although neither had a separate work room. One general hospital of 400 beds had a library of 640 sq. ft. and an M.D. hospital of 385 beds had an area of 860 sq. ft.

Type of service

Ninety-seven hospitals (74.4 per cent) were served by a ward trolley service and of these 60 (61.9 per cent) were visited weekly and 29 (29.9 per cent) were visited more often than that. Of the rest, five hospitals were visited fortnightly and only three less frequently. Ten hospitals provided ward collections instead of or in addition to a trolley service. At 41 (32.5 per cent) of the hospitals with a service, patients could visit the " library " although as mentioned above, the library in about half of these hospitals was a store room or cupboard. A reference and information service was available at 15 hospitals and 52 (40.3 per cent) hospitals said that special requests could be dealt with by borrowing from other libraries.

Special collections

Some special collections of braille (six hospitals), large print (22 hospitals), talking books (six hospitals), Moon (two hospitals) and foreign languages (four hospitals) were available. Of the 22 hospitals with collections of large print books only four were geriatric and three regions made no provision of large print books in geriatric hospitals. The one M.D. hospital which provided a library service for its patients had a special collection of young children's books for patients learning to read.

Reading aids

Only 11 hospitals provided reading aids. Page turners which were either electric or mechanical were provided at five hospitals, three of which were geriatric, one orthopaedic and one rehabilitation unit. One general hospital provided a large magnifying glass, one psychiatric hospital provided periscope glasses, one general hospital provided supine aids and one general hospital provided play-back tape-recorders. One geriatric hospital provided reading aids but did not state what kind, and one geriatric hospital borrowed reading aids if they were required.

Recreational activities

Recreational activities other than reading were organised at only seven hospitals, four of which were psychiatric. Three of the psychiatric hospitals arranged record recitals and the fourth had music appreciation courses, two of them also arranged book and play readings. One geriatric and one general hospital also had record or tape concerts. At one general hospital the W.R.V.S. collected requests for special radio record request programmes.

Publicity

About 40 per cent of the hospitals advertised their library service, over 75 per cent doing so in the patients' admission brochure. At 15 hospitals some other form of publicity was used, either in addition to or in place of the admission brochure. Some of these hospitals publicised their service by word of mouth or by written notices in the wards, but four psychiatric hospitals mentioned it in their hospital magazine or newsletter. Two general hospitals used book-marks and leaflets.

Provision of general literature to staff

Forty-two of the hospitals (32.5 per cent) which provided a library service to the patients allowed the staff to make use of the facilities and of these 17 (40.5 per cent) were psychiatric hospitals.

Two local authorities made provision for staff separately from patients. At one M.D. hospital where there was no provision for patients the local authority sent a collection of 200 books for the use of the staff. These collections were exchanged at regular intervals. At one general hospital where £100 per annum was donated from Endowment funds on a group basis to the Red Cross for a patients' service the local authority supplied a small collection of general books for the staff only.

One teaching hospital spent £128 per annum from Endowment funds on a collection of fiction and magazines for the nursing staff—the same hospital had no service to patients as it considered this impossible to arrange due to the short stay of patients.

Standards

Hospitals were asked to state whether the authority providing their library service had seen the Library Association's *Standards,*[1] to comment upon the adequacy of present provision and to suggest improvements.

Seventy-six hospitals left this section unanswered and if it is assumed that they, along with the 101 who answered " no " had not seen the *Standards* then only 23 of the total surveyed had seen them. This in spite of the fact that the Library Association circulated copies to all Regional Hospital Boards.

Sixty-four hospitals considered their patients' service to be adequate and 41 inadequate. The most common reasons given for inadequacy were insufficient space and money. Lack of staff was also mentioned and some hospitals suggested that this could be overcome by co-ordinating all the library services in the hospital.

Some hospitals without a patients' library service were quite satisfied by this state of affairs. In contrast, hospitals where a reasonably good service was being provided were aware that there was room for improvement.

[1] Library Association, *op. cit.*

1. Library service to medical staff

The picture, from the returned questionnaires and from the follow-up visits, shows that in a few hospitals quite a lot is being done to provide some sort of library service to medical staff. A considerable quantity of books and journals and quite large sums of money are involved but generally the service is being provided in an inefficient and uneconomic way. Money comes from so many different sources that it cannot be used in a co-ordinated manner. Books and journals are scattered throughout the hospital in departmental collections, consultants' offices and doctors' dining rooms and in the majority of hospitals there is no one to organise the collection and provide an information service. Staff reading needs cannot be met when the information required is dispersed in this manner with no central record of what is available. With the exception of larger hospitals with university departmental libraries, the reading and information requirements of the staff are not being satisfied. Even the hospitals which are next door to, and rely on, their university medical library, are not being given a completely satisfactory service. This is mainly due to the overcrowded conditions under which these libraries are working. In addition, reliance on university libraries means that although the medical staff can easily gain access, it is usually more difficult for other categories of staff to use the university medical library.

A good library service should not be the prerogative of the medical staff, but there is little or no provision of professional literature for other members of staff. In hospitals which allow other staff access to the medical library there may be no special provision for their requirements. Trained nursing staff are particularly badly off in this respect as their requirements cannot be met by the nurse-training school library and they may not be permitted to use the medical library or may find that the medical library is situated in the doctors' mess or dining room and so inaccessible to them.

There is a great need to develop the library service to all categories of hospital staff and the basic requirement is more money to employ full-time staff and to purchase a well-balanced collection of books and journals in sufficient quantities. Many potentially good libraries, often set up with a grant from an organisation such as the Nuffield Provincial Hospitals Trust have become inadequate because funds were not made available for their upkeep. Suitable accommodation for all the library functions must also be provided.[1]

No library can be self-sufficient and this is particularly true of medical libraries where the cost of providing the service is so high. The solution would appear to be that recommended by the Library Association and by the Sheffield Regional Hospital Board, i.e. each region should attempt to be self-supporting.[2]

Scotland is in a favourable position insofar as four of the five hospital administrative regions are already in University towns and, unlike England and Wales, teaching hospitals in Scotland are under the control of the Regional Hospital Boards. The Royal Commission on medical education[3] has paid tribute to the good relations that exist between Scottish Universities and Regional Boards and there is, as already mentioned, a considerable degree of co-operation between the teaching hospitals and the university medical libraries. This should be strengthened and developed and hospital authorities ought to assume their share of responsibility by making adequate financial contribution from Exchequer funds to the running of the service. The Northern Ireland Hospitals Authority makes an annual grant to Queen's University, Belfast, but Scottish Regional Boards have been content for too long to let the universities bear the major burden of providing medical literature in teaching hospitals.[4] Whether the library providing the focal point of the service within the region should be developed within the university itself or in one of the principal hospitals in the region, is a matter for the university and regional hospital board to decide taking into account local conditions. Where a university does not exist, as is the case in one of the Scottish regions, or where a university is unable to co-operate, then a regional library should be established at the principal hospital. In either situation, adequate and suitably qualified staff are required and the Library Association's *Standards* equate the post of regional librarian with that of a county librarian or the librarian of a large town.[5] The Sheffield report recommended that the regional librarian should be paid a salary appropriate to the grade of assistant secretary to a Regional Hospital Board.[6]

[1] *see* Appendix I.
[2] *see above*, p. 15.
[3] Royal Commission on Medical Education. *Report*. London, H.M.S.O., 1968. (Cmnd. 3569).
[4] *see also* (a) University Grants Committee. *Report of the committee on libraries* [*chairman: Dr. Thomas Parry*]. London, H.M.S.O., 1967, para. 180 *and* (b) Ministry of Health. HM (64) 69 and HM (67) 30.
[5] Library Association. *Hospital libraries: recommended standards for libraries in hospitals*. London, The Association, 1965.
[6] Sheffield Regional Hospital Board. *Working party on medical libraries: final report*. Sheffield, The Board, 1965.

The position of Regional Librarian must not be confused with that of Regional Board Librarian. It is apparent from the greatly increased use of the Library at the Scottish Hospital Centre that there is a growing awareness amongst the staff of regional hospital boards of their own need for an efficient library and information service. But, however willingly the Centre fulfils this function, there should still be some sort of local service developed within the Board and under the supervision of a qualified librarian. This library service may well come under the overall jurisdiction of the regional librarian and certainly the regional board libraries should co-operate with each other and with other libraries within their region.

The other libraries in the region should be developed on a group basis with the main library in the principal hospital of the group or in the new district general hospitals. All these libraries should be large enough to cater for all categories of hospital staff, general medical and dental practitioners and local authority health and welfare staff. Besides co-operation with the university or regional library, there may be co-operation with the local authority library and through it to the Scottish and National Central Libraries, particularly when there are requests for non-medical books. Each library will also require subscriptions to commercial lending libraries such as Donald Ferrier, Edinburgh, and H. K. Lewis, London, and access to the National Lending Library for Science and Technology which currently receives 3,000 periodical titles in the medical and para-medical fields.

Both the Library Association and the Sheffield Regional Hospital Board indicate that in addition to controlling the regional library, the regional librarian will have overall responsibility for the supervision and co-ordination of all the services within the region. It is possible that a Scottish equivalent might be a national hospital libraries adviser, based on the Scottish Home and Health Department, who would co-ordinate services not only at regional level but also at national level. This might be a particularly appropriate solution for Scotland, especially if the universities were to become more involved in hospital library services in an administrative capacity. In addition, forthcoming recommendations on the reorganisation of the National Health Service in Scotland may make these references to Regional Board areas less relevant. What is certain, however, is that co-ordination of all library services in hospitals is essential at all levels, national, regional or area and local.

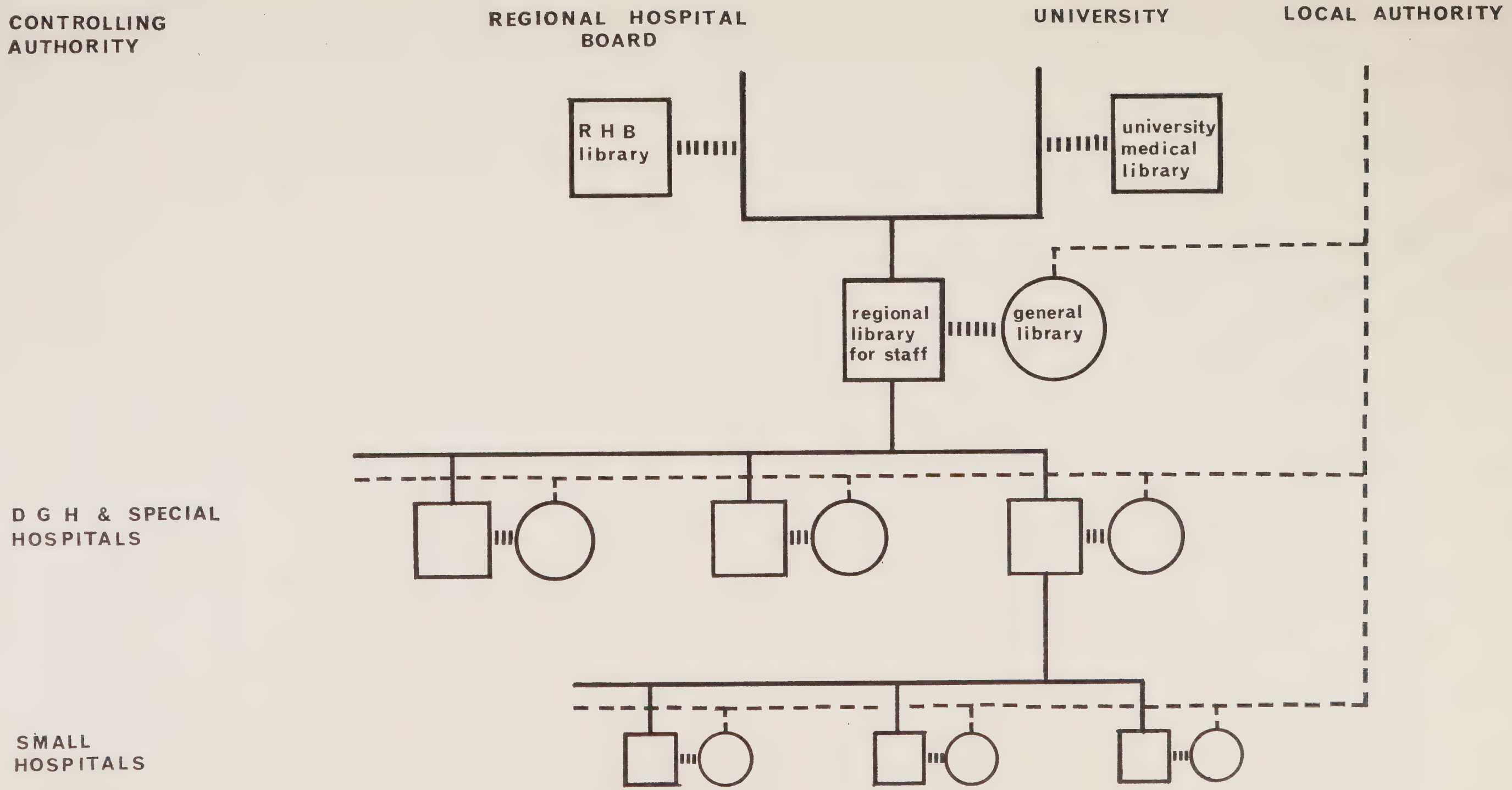
2. Library service to nursing staff

It is clear from the survey that many nurse tutors in Scotland are making valiant attempts to provide library services for their student nurses from the limited funds available to them, but it is also clear that not nearly enough money is being made available for general distribution. While the effort which some nurse tutors have made is to be commended, the present method of allocating such funds as are available means that the finance which a nurse-training school library receives is in proportion only to the individual nurse tutor's persistence! This is one of the main reasons for the great variation there is in annual expenditure between schools of a comparable size and from year to year in one school. Because no standard is being implemented, nurses in training are being denied the library facilities that are available in many other fields of education and training.

The reason for the lack of adequate finance seems to be two-fold. Regional Nurse Training Committees receive a lump sum each year from the Exchequer, via the General Nursing Council. This is then apportioned on the basis of estimates received from individual nurse-training schools. If the estimates exceed the sum of money available to the General Nursing Council, then the full estimated amount will not be met. Clearly the only way to overcome this problem is for estimates, based on accepted standards, to be prepared well in advance so that the total allocation of money to the General Nursing Council and the Regional Nurse Training Committee will bear some relevance to the amount actually required. It may also be noted here that no allocation is made by the Regional Nurse Training Committee for pupil midwives.

The second reason for lack of suitable finance is that many tutors do not know on what basis to estimate the amount of money they require for books and periodicals, and the combination of books with stationery in the vote heading is confusing. A nurse tutor has been quoted as asking for and getting £2 for books and stationery for one year.[1] It is also true that some nurse tutors adopt a defeatist attitude and tend to adjust their estimates to what they expect to get, rather than what they really need, or will simply ask for the same sum of money as last year, forgetting that books and periodicals rise in price, annually. Nurse-training school libraries also tend to be the recipients of money left over from other accounts. Although such windfalls are not to be despised, too large a proportion of the library income is from this source and the initial grant is often lowered in the expectation that money will probably be made available from other sources. Again the solution lies

[1] Boorer, David. *The mental hospital library.* London, Library association, 1967 (L.A. pamphlet, 31), p. 39.



Co-ordination of library services within a given area

in properly prepared estimates based on recommended and recognised standards and this report has already referred to standards which are available.[1]

While the provision of nursing books for students is reasonably good in some hospitals, few schools subscribe to more than the *Nursing mirror* and the *Nursing times* and little is being done to provide general educational material for nurses in training. Again, this is often due to lack of money but it is also due to lack of awareness of the general educational needs of nurses in training. It must be stressed that the money for nurse-training school libraries should be used to buy books on nursing, reference books, periodicals and general educational books. It should not be used to purchase multiple copies of textbooks which students should reasonably be expected to buy themselves. At the conference on libraries in hospitals, held at the Scottish Hospital Centre in 1966, it was revealed that some nurse tutors are expected to spend their annual grant for books all at one time.[2] This practice also leads to an unbalanced book stock since once the allocation is spent, it is not possible to purchase any books for a further year. Those responsible for book selection in the nurse-training school, whether tutor or librarian, should be able to purchase the books they require throughout the year as they are published. It will also be necessary to provide some additional books at ward level for use during teaching periods on the ward.[3]

Adequate space for housing books and proper provision for study in the library which should be used only as a library must be created.[4] It cannot be emphasised too firmly that a collection of books in a classroom does not constitute a library. The library should be accessible for the maximum amount of time during any 24-hour period. One possible solution to the accommodation problem is to make provision for nurses in training in the main hospital library which would be for the use of all categories of staff whether trained or in training. This has been successfully carried out in the United States for a number of years at the Los Angeles County General Hospital, Harper Hospital, Detroit, and in all Veterans Administration Hospitals. The United Hospital Fund of New York has estimated that 5 per cent of all books and 10 per cent of all periodicals are duplicated when medical and nursing libraries are separate.[5] However, in this country, there is an increasing tendency to amalgamate individual nursing schools into group schools or colleges, often in buildings some way distant from a hospital, and independent of the management of a hospital. Scotland is further ahead in this than England and Wales, and both the Prices and Incomes Board[6] and the Royal College of Nursing[7] endorse this practice. This means that colleges of nursing and group nurse-training schools will require separate library accommodation, but while student nurses are on duty within a hospital they should also be able to use the facilities of the hospital library. What is important is that collections should not be fragmented. One hospital in Scotland has two nurse-training school libraries, one for senior students, the other in the preliminary training school.

If the library is to be really effective, it should be under the supervision of a qualified librarian, who would also be able to give tuition in the use of books and libraries to student and pupil nurses. If the nurse-training school library is not large enough to justify the employment of its own librarian, the hospital librarian should have general oversight of the library in the nurse-training school in conjunction with the principal tutor.

" The time has surely come " says the *British medical journal* in a leading article " when reading a book is no longer synonymous with idleness, and when training schools—medical as well as nursing—should not be recognised for examination purposes unless their libraries are adequate. "[8]

If library services for nurses in training in Scotland are generally rather poor, they are virtually non-existent for the trained nurse. With increasing emphasis on the necessity for research in nursing and with the development of management and other post-graduate courses, it becomes more and more essential that the qualified nurse should have access to a good professional library service. Certainly the needs of the trained nurse cannot be met by the nurse-training school library, even when this is part of the main hospital library. Neither is it the responsibility of the Regional Nurse

[1] *see above*, p. 21.
[2] Scottish Hospital Centre. *Collected conference reports,* 1966. Edinburgh, The Centre, 1967, p. 42.
[3] Library Association. *Standards, op. cit.* and Perry, Ellen. *Ward administration and teaching.* London, Bailliere, 1968, p. 215.
[4] *see also* Appendix I.
[5] United Hospital Fund of New York. Committee on hospital library architecture. *Planning the hospital library.* New York, The Fund, 1957.
[6] National Board for Prices and Incomes. *Report no.* 60. *Pay of nurses and midwives in the National Health Service.* London, H.M.S.O., 1968 (Cmnd. 3585), para. 38.
[7] Royal College of Nursing *and* National Council of Nurses of the United Kingdom. *Comment by the Rcn Council on Report no.* 60 *of the National board for prices and incomes.* London, Rcn., 1968, p. 8.
[8] *British medical journal,* 1, Feb. 19, 1966, p. 437-8.

Training Committee to provide funds for books for trained staff; money for this purpose should be allocated by the Board of Management. A new generation of nurses, products of universities and specialised training courses, will not be content to wander between the nurse-training school and the doctors' dining room in search of the material they require. It is true, too, that many who would not otherwise have done so will be encouraged to use a good library if one is provided. Even if a nurse has no desire to undertake research or to study management, she still needs to read to keep abreast of new developments in nursing care. There is an urgent need to provide suitable literature for qualified nurses in the main hospital library.

3. Library service to other hospital staff

Some hospitals have given thought to the provision of literature for their medical and nursing staff, but virtually nothing at all is being done to meet the information needs of other categories. Only three hospitals indicated that any provision was made for administrative staff. In each case, the " library " was a small collection of books and periodicals kept in an office. The only other substantial separate collections were in hospitals where specialized training was undertaken (e.g. in occupational therapy). Although 54 hospitals said other members of staff could use their medical library, only one hospital was providing a combined library for medical, nursing, professional and technical staff; this was a reference collection serving nine hospitals in a group. Obviously the reading needs of other hospital staff are either not being met at all or there is much unnecessary duplication. Clearly all hospital staff will receive a better library service when the material they require is grouped in one, easily accessible place.

All members of staff should have access not only to the professional library but also to the general library. In addition to meeting outside interests, this library will serve to supplement the professional library particularly in the provision of extra curricular material for the young nurse in training.

The irregular hours which some staff work can make it difficult for them to visit their local authority library, particularly in the country where the nearest branch library may only be open part-time. Hospital staff as well as patients may be ratepayers and if the local authority is providing a service to the hospital there is no valid reason for the staff to be excluded. Indeed, in psychiatric hospitals the mingling of staff and patients in the general library can play its part in building up a therapeutic community.

4. Library service to patients

The overall picture of the present state of provision of literature to patients in Scottish hospitals is a confusing one. A large number of people, some employed by the hospital or local authority but in the main volunteers from many organisations, are involved in the service. In each case, financial aid and book stock is provided from a variety of sources. This variation in the source and scope of provision is evident not only from hospital to hospital within the same and in different groups, but also in some cases within one hospital. At one extreme a group of volunteers is supplying a ward trolley service with a miscellaneous collection of donated books and with the frequency of service dependent upon the number of volunteers and the amount of free time they have available. At the other extreme, patients are being supplied with books from the branch library of a local authority established within the hospital and open for regular periods of time.

The majority of patients, particularly those in the geriatric and long-stay hospitals are being served in the former way and in most cases their reading needs are not being met. This is no reflection on the volunteers who are giving their service under extremely cramped conditions with a lack of adequate financial support to provide a suitable book stock. While it is appreciated that without the voluntary organisations, there would be virtually no service to patients in Scotland today, it is no longer possible to provide the kind of service which people have come to expect without also employing full-time qualified or trained librarians.

Far too many hospitals are relying on donated books for the use of patients and often these are in poor condition. Patients in hospital should be given only books which are clean and attractive in appearance. The practice of relying entirely on donated books also means that proper principles of book selection cannot be applied and the library stock will be anything but well balanced. To improve the library service to patients sufficient money to employ full-time professional staff and to purchase books must be made available and adequate accommodation provided.

In England and Wales, hospitals with a service from the St. John/Red Cross Library are charged 15s. 6d. per occupied bed but the twentieth annual report of the St. John/Red Cross hospital library department reveals that just about 20 per cent (i.e. 3s. per bed) of its total library expenditure in that

particular year was actually spent on books and periodicals.[1] In Scotland the Red Cross service is free, although in some cases hospitals have been asked for or have offered donations. If the hospitals are able to make financial contributions to the service this might be better channelled in the direction of the local authorities which have the necessary administrative organisation for setting up new library service points and who have much greater resources at their disposal.

If a fully adequate library service is to be provided for patients, then it will be necessary for the hospital to look to the local authority to assist in its provision; the hospital providing accommodation and equipment, and the local authority providing books and staff. No library can be self-sufficient and the link with the local authority library should ensure an adequate supply of properly selected books and the means of dealing with requests and inter-loans through the national library network. If the librarian is employed as a member of the local authority staff, replacements would be available during holidays or sickness and other public library staff could work in the hospital library as part of their in-service training. The hospital should, as is already done in some situations, make a financial contribution by reimbursing the librarian's salary.

Increasingly, local authorities are becoming more sympathetic to the needs of hospital patients in their area and also to the requirements of the elderly, the disabled, the housebound, and those in prison. A declaration by the London Boroughs Association of Chief Librarians drew attention to the recognised need for library services to people in hospitals, and the document indicated a willingness on the part of the London libraries to help wherever possible.[2] The Public Libraries Act for England and Wales, 1964 is imprecise about the statutory role of public libraries in the provision of services to hospitals and housebound readers. The Act merely makes it the responsibility of every library authority to provide a comprehensive and efficient library service.

But the report of the committee appointed by the Northern Ireland Minister of Education to enquire into public library services, the Hawnt Report, is firm in its recommendation that public libraries should regard services to all hospitals as an integral part of their service to the community. This report also recommends the appointment of a full-time library adviser to the Northern Ireland Hospitals Authority.[3] The Scottish Library Association in its written minutes of evidence to the Royal Commission on Local Government in Scotland has similarly recommended that the public library service should undertake the effective provision of books in hospitals.[4]

One of the great difficulties in the past has been that quite frequently local authority boundary areas, whether municipal or county, have conflicted with the boundaries of a Regional Hospital Board or Board of Management area. The Royal Commission on Local Government in Scotland has not yet completed its investigations but if local authority areas are to be reorganised into larger units then this will quite clearly aid rather than hinder the participation of local authorities in services to hospitals.[5] Similarly, the reorganisation of the administrative areas of the hospital service could also be helpful. The Hospital Plan for Scotland in 1962 emphasised that there should be closer links between hospitals, general practitioners and local authority health and welfare services.[6] The greater involvement of public libraries in the hospital field is but one facet of this and it is an involvement which is now becoming a vital necessity, particularly at a time when the voluntary organisations such as the Red Cross, W.R.V.S. and the various independent leagues of friends are finding it increasingly difficult to provide facilities for patients in hospitals because of lack of funds. Nevertheless, it is essential that voluntary organisations and independent volunteers will still be available to assist in the library services in hospitals, for with an improved book stock and a more sophisticated level of service, it will be necessary for more volunteers rather than less to be involved in taking books around the wards and assisting in the library, particularly if it is, as it should be, open to ambulant patients and to hospital staff. At the Queen Elizabeth II Hospital, Welwyn Garden City, a 400 bedded general hospital with a psychiatric wing, the service to patients and staff is based on a total of 20 volunteers in addition to the librarians. If only the 60 largest hospitals (i.e. over 300 beds) in Scotland were to receive an equivalent service, then a total of at least 1,200 volunteers would be needed. At the moment, about 300 volunteers, usually giving two to three hours weekly, are available for library service in Scottish hospitals. The volunteers have been in this field for over fifty years but there is doubt that a sufficient supply will be available for the future. The younger

[1] *quoted by Ronald Sturt in:* Hospital libraries—the state of the art. *Library review,* **20,** Autumn 1966, p. 473-81.
[2] *Book trolley,* **1,** Dec. 1967, p. 3-5.
[3] Northern Ireland. Ministry of Education. *The public library service in Northern Ireland: report of a committee* [*chairman: Dr. J. S. Hawnt*]. Belfast, H.M.S.O., 1966 (Cmd. 494).
[4] Evidence for submission to the Royal Commission on Local government in Scotland by the Council of the Scottish Library Association. *S.L.A. news,* no. 76, Oct.-Dec., 1966, p. 5-6.
[5] Royal Commission on Local Government in Scotland. *Written evidence,* 7. Edinburgh, H.M.S.O., 1968.
[6] Department of Health for Scotland. *Hospital plan for Scotland.* Edinburgh, H.M.S.O., 1962 (Cmnd. 1602).

married women are on the whole, taking up paid employment and the voluntary organisations are being manned by the middle-aged to elderly. There is, too, a difficulty in getting volunteers to work in psychiatric hospitals where there is so much important work waiting to be done. Even with an adequate supply of volunteers, library services to patients will still require to be administered by a qualified librarian on the spot rather than from, for example, a county library headquarters, although many local authorities will no doubt wish to appoint an organiser for hospital and housebound reader services as these expand. Continuity of service, particularly important where reading therapy is undertaken, can only be achieved when someone in full-time employment is directly administering the service, training volunteers and co-operating with other members of the hospital staff as part of the therapeutic team.

5. The case for integration

The word " integration " means different things to different people. The *Shorter Oxford dictionary* defines it as " the making up of a whole by adding together or combining the separate parts or elements ", but the circumstances in which the word is used can qualify the strict dictionary definition. In the southern states of the U.S.A., for example, it means only one thing, the integration of white and negro races into one society, and in Britain when used in connection with hospital libraries, the word has created almost as much misunderstanding as appreciation of the suggestions being made for the future. Used in this context, integration does not mean that all the literature in a hospital must be in a single room, to be used by both staff and patients. Neither does it mean that members of the staff will never be able to keep any books on their specialties in their own offices and departments. It is fully recognised that collections of " bench-books " or " permanent loans " are necessary in any highly specialised discipline, but these should be centrally catalogued and all purchases should be co-ordinated by the librarian. Integration does mean, however, that all the literature relevant to the work of the hospital staff should be combined in one library which should be accessible to all members of staff for the maximum number of hours in any one day. It also means that in all but the very largest teaching hospitals, where the libraries should be big enough to warrant a separate staffing structure, the professional library for staff and the general library for staff and patients should be physically grouped to form a single administrative unit under the control of a qualified librarian.

There is no doubt that an integrated hospital library service is not only more useful and more efficient than when material is scattered in every conceivable corner of the hospital, it is also more economic. Only within the last few years have British hospitals become aware of this, but as early as 1957 the United Hospital Fund of New York was recommending integrated libraries. " After careful study and personal observation, the Committee finds that administrative integration of the medical, nursing and patients' libraries improves service, increases economy, and utilises space more effectively. Integration reduces the necessity for duplication of space, equipment, books and periodicals, processing procedures and staff supervision . . . moreover, the concept of the integrated library means that hospital planners and architects can approach the job of planning, designing and equipping for library services as a single, integrated problem."[1]

It has been argued that the qualities required of a good medical librarian are different from those which make a good patients' librarian. While this is true, it is not completely impossible to find these qualities in one person, as is demonstrated by the librarians who are presently running integrated library services in hospitals. Some of these have indicated that they would find it hard to make a choice if their libraries were to be divided. Librarianship is more than the possession of a natural aptitude for working with books and people, necessary though these qualities are. On the other hand, no amount of training will substitute for a lack of sympathetic and intuitive understanding of the reading and information requirements of both patients and staff. The modern librarian must have both a natural aptitude and the proper training for his job, otherwise he will be unable to follow up his understanding of the problem with a practical solution. Today, in order to become a Chartered Librarian a student must have worked for at least three years in an approved library under the supervision of a qualified librarian and must also undertake a two-year full-time course studying library management, organization of knowledge and bibliographical control and service. Some examination papers are compulsory but in addition there are a number of specialist papers from which a student librarian must make a choice and amongst these are *Bibliography and librarianship of medicine* and *Hospital libraries*. Most librarians who wish to work in the hospital or health library field will elect to sit these papers. After a further five years practical work, the qualified librarian may gain the Fellowship of the Library Association on successful presentation of a thesis. Many

[1] United Hospital Fund of New York, *op. cit.*

universities have introduced librarianship and information science either as a specialist subject for a degree or as one subject amongst more general studies leading to a first degree. Higher degrees are also being awarded for library studies. In Scotland, the University of Strathclyde is currently offering courses for the Associateship of the Library Association; the B.A. degree, with librarianship as first principal subject and a post-graduate degree in librarianship. Since 1967, students wishing to study in Scotland have also been able to attend the course for the Associateship at Robert Gordon's Institute of Technology, Aberdeen. In this light, the hospital librarian or indeed any librarian can no longer be regarded simply as a collector of overdue books or " someone who keeps the magazines tidy ". Neither, with respect, is the post of hospital librarian one which can be filled adequately by a consultant in his spare time, if only for the reason that the shelves on his own subject are likely to be well-filled while the others remain half empty. It is the librarian who makes the difference between a library and a library service.

How small a hospital justifies a librarian? All hospitals should be able to call on the services of a qualified librarian, if not within their own hospital, at least within the group. It is tempting to try to find a simple solution by suggesting that if all hospitals over 200 beds employed a full-time librarian, Scotland's hospital library problems would be over. But this would result in many groups being without a librarian at all, and at the other end of the scale, large teaching hospitals will require more than one librarian. It is important that libraries in hospitals be planned as part of a regional and national network rather than piecemeal, so that a truly effective service may be developed.

The *Shorter Oxford dictionary* gives two definitions of a library:

1. " A place set apart to contain books for reading, study or reference " and
2. " A large collection of books, public or private ".

There is no dictionary definition of a library service, but the largest collection of books in the world would be of little use to someone who did not know his way around them. The librarian is trained not only to exploit to the full the resources of his own library but also to utilise outside sources. The point has often been made that a trained librarian can do more with *Whitaker's almanack* and the telephone than many people can do with a whole room full of books. Too often libraries have been regarded as places where material, no longer of immediate use, is filed away quite indiscriminately. A very important function is the " weeding out " of older material, and the librarian is constantly making decisions about what should be kept and what should be discarded, so that a well-balanced collection may be created. Libraries certainly do have a preservation function to fulfil but in the hospital context they should be primarily regarded as alive and dynamic places, a major link in the communication process. Nevertheless where hospitals do possess historical documents and archive material (e.g. minute books, early case notes, important correspondence), these should be placed in the care of the librarian, if there is insufficient material to warrant the appointment of a full-time archivist.

Unfortunately, too many people in the Health Service do not know how to use books, fewer still really know how to use libraries and often an enquirer will seek information from a distance not realising that it is readily available on his own doorstep. There is also a remarkable lack of knowledge of what a library service can do for a hospital and this is probably the main reason for libraries having such a low priority in the hospital budget. One of the first tasks a newly appointed hospital librarian will have to undertake will be the organisation of training courses for all members of staff to help them to get the best out of their library. Similar courses have been in operation for a number of years very successfully in universities, colleges of advanced technology, and adult education colleges.

There are also several other reasons why Scotland has fallen behind in the provision of library services in hospitals. Librarians themselves must take a fair share of the blame in this respect for it is only very recently that more than a handful of Scottish librarians have shown any interest at all in hospital libraries. Librarians, too, particularly in Scotland, tend to be reticent about publicising their professional skills and have made little effort to inform the uninitiated layman of the services they can provide. However, public librarians in Scotland, even librarians who wished to help, have been hampered in the past by the restrictions of the " penny rate " and still have some leeway to make up on their English counterparts. Library legislation in England too has been in advance of that in Scotland and therefore greater developments have taken place in the South. Teaching hospitals in Scotland have tended to rely on university libraries rather than develop their own and there seems to have been little determination on the part of either hospitals or local authorities to overcome the problems caused by differences in administrative boundaries.

How much will a library service cost? Will it give value for money? It is difficult to measure in a tangible way the return for expenditure on library and information services. But if better professional

reading facilities increase the efficiency of the hospital staff and improve the quality of patient-care, and if the companionship of a book assists the psychological adjustment of the patient, then library services are cheap in comparison with other commodities. If the local authorities are able to play their part by providing general literature, the hundred largest hospitals in Scotland (i.e. over 200 beds) could employ qualified librarians and provide professional literature for a total cost to the hospital service annually of £300,000, which represents only 0.35 per cent of the total expenditure of Scottish hospitals in 1967, or put differently less than one penny in the pound.

Industrial corporations long ago recognised the need for librarians and library services and have been prepared to spend large sums of money to keep themselves informed and ahead of their competitors at home and overseas. If so much money can be spent in this way for commercial gain, can we afford to be less well-informed in our approach to the sick?

It would be very difficult in many existing hospitals in Scotland to make available the type of accommodation that is ideally required for an efficient library service, whether integrated or not. Some hospitals, however, have been able to build, albeit in separate buildings, suitable accommodation for a good library service. What is essential, however, is that no new hospital should be planned in this country without adequate facilities for a proper library service both to patients and staff being included at the very earliest planning stages. Literature is available on the physical planning of libraries in general and hospital libraries in particular,[1] but some of it is inadequate and out of date. There is a great need for a functional study to be undertaken of hospital libraries and a detailed planning guide issued. The following paragraphs attempt to do no more than outline some of the considerations that must be taken into account in planning hospital libraries and some of the difficulties that may be encountered.

A. Relationship to the rest of the hospital

1. *Professional library*

(*a*) It is essential that the professional library be in a position where it is accessible to all members of staff. The more isolated the library is, the less it will be used.

(*b*) It should be easily accessible to general practitioners, staff from other hospitals and other health and welfare staff.

(*c*) It must be in a quiet situation.

(*d*) If the hospital has a post-graduate medical centre, the library should either be in or adjacent to that centre.

(*e*) Easy access to an external loading bay is required.

(*f*) There should be room for future expansion both for additional shelving within the existing library and to enable the overall size of the library to be increased.

2. *Nurse-training school library*

If the nurse-training school building is situated at some distance from the hospital, a separate library is required in the school. The nurse-training school library should follow all the criteria for the professional library except 1 (*b*) and 1 (*d*) above.

3. *General library for patients and staff*

(*a*) The general library should have ease of access for all in-patients, including those in wheelchairs.

(*b*) It should be nearest to the wards with the most ambulant patients.

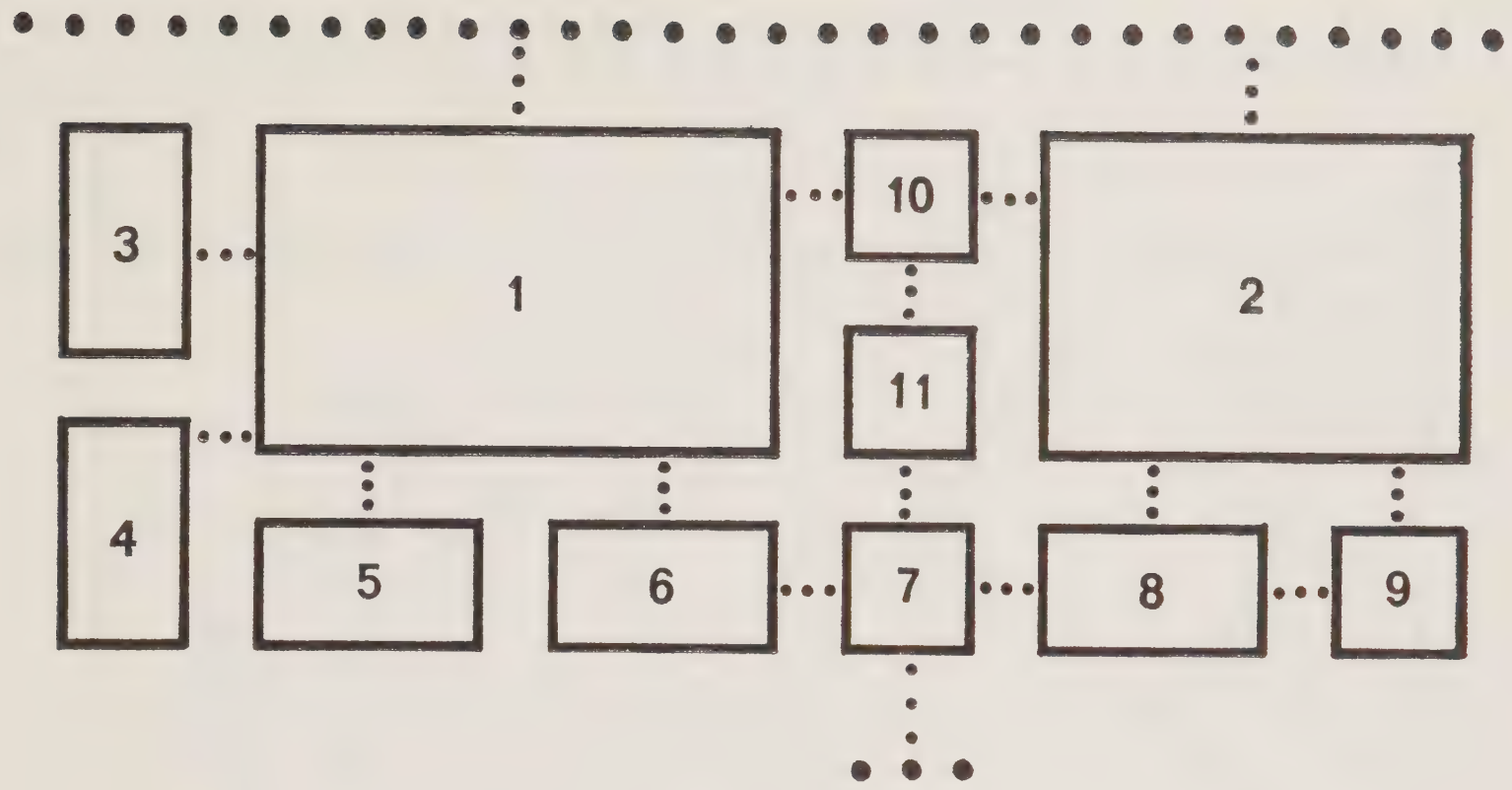
(*c*) It should be accessible to the lifts without an intervening staircase and should be situated in an area free from steps. This is to permit easy passage of library trolleys and wheelchairs.

(*d*) It must have easy access to an external loading bay, for the large scale interchange of book stock if the library is part of a local authority system.

The professional and general libraries should be planned so that they are capable of being administered as one unit, except in the very largest teaching hospitals, where the size of each library should be large enough to warrant a separate staffing structure, although even here there are advantages in placing the libraries together to create a library " campus ". It is not desirable to have both libraries in one room without division of any kind, since the atmosphere of the general library should be one in which users can relax and talk, hold discussion groups, etc., whereas the professional library will require a degree of quietness conducive to study.

It is certain that some of the criteria mentioned above are incompatible, for example there may be difficulty in placing the general library next to the professional library if the latter is in the post-graduate medical centre. Even where it is possible to do this, the general library may not then be easily accessible to ambulant patients. Each hospital must decide for itself which of the recommendations has top priority. What is essential is that some prior thinking, study and planning should take place before any accommodation is arranged for the library. In some of our newest hospitals, libraries are either being added as an afterthought or are being accommodated in rooms designed for other purposes which have suddenly been found to be " spare ".

1 Hayne, Frances. Planning hospital library quarters: references to help the librarian. *Bulletin of the medical library association*, 53, July 1965, p. 365-73.



1. Professional Library
2. General Library
3. Discussion Room
4. Study Carrels
5. Slide Collection
6. Bookstore
7. Loading Bay
8. Bookstore
9. Patients Aids
10. Enquiries/Librarians Office
11. Work Room

Hospital library unit: room relationships

B. Space requirements

The overall size of the library depends on the number and type of staff and patients in the hospital.

1. *Professional library*

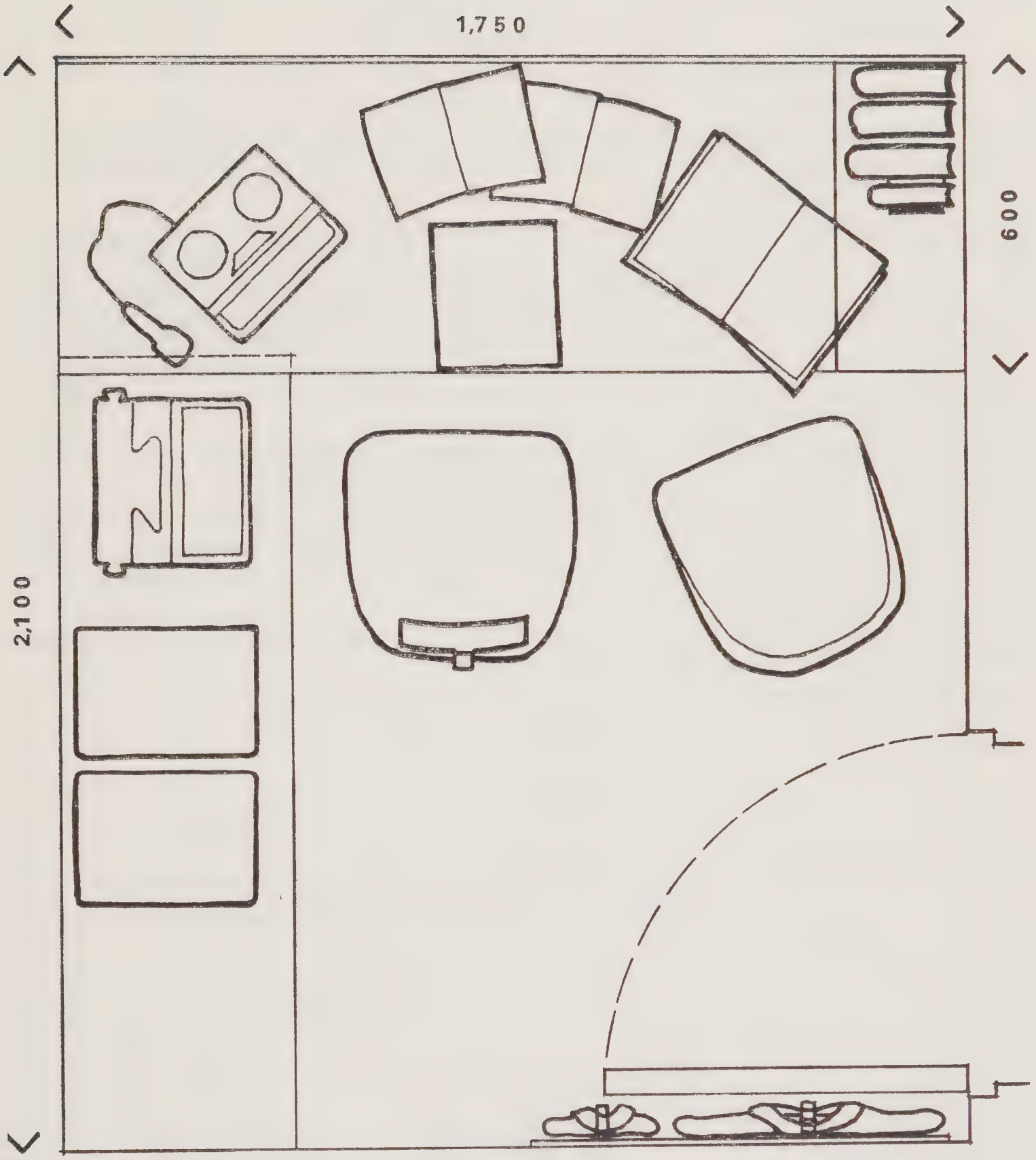
It should be possible for 10-15 per cent (25 per cent in the case of nurses in training and other students) of the potential users to be accommodated in the library at any one time and a minimum of 2.8m² (30 sq. ft.) per reader should be allowed (2.3m² (25 sq. ft.) for nursing and other students).* This allows for circulation space around reading tables but additional space is required for general circulation, for the library staff, for catalogue cabinets and for book shelves.

In large libraries it may be necessary to provide study carrels for prolonged consultation of certain items or for typing and dictation. These should be calculated at 3.7m² (40 sq. ft.) for an enclosed carrel, with a table 1200mm × 600mm (4 ft. × 2 ft.).[1]

* All imperial measurements are natural equivalents of the metric units.

1 *see also below*, p. 50, seating accommodation.

Study carrel



Study carrel

Shelving. Stacks should be 900mm (3 ft.) wide and 2.2m (7 ft. 3 in.) high. This allows for seven shelves at 300mm (12 in.) centres. Shelf units should be at 2m (6 ft. 6 in.) centres. All shelving must be adjustable and, except for rare books which may be required to be under lock and key, it is unnecessary to provide glass-fronted bookcases. Medical books can normally be housed on shelves 200mm (8 in.) deep but for bound periodicals it will be necessary to provide shelves 250mm (9-10 in.) deep. The following table gives the volumes per 300mm run of shelf for different subjects.[1]

Subject	*Volumes per 300mm run of shelf*	*Volumes per single-faced unit*
General non-fiction	8	168
Technical and scientific	6	126
Medical	5	105
Bound periodicals	5	105
Average	6	126

It would be reasonable to calculate shelving requirements for a professional library in a hospital on the basis of six volumes to a 300mm run of shelf. Shelves should be no more than one-third full when the library is new.

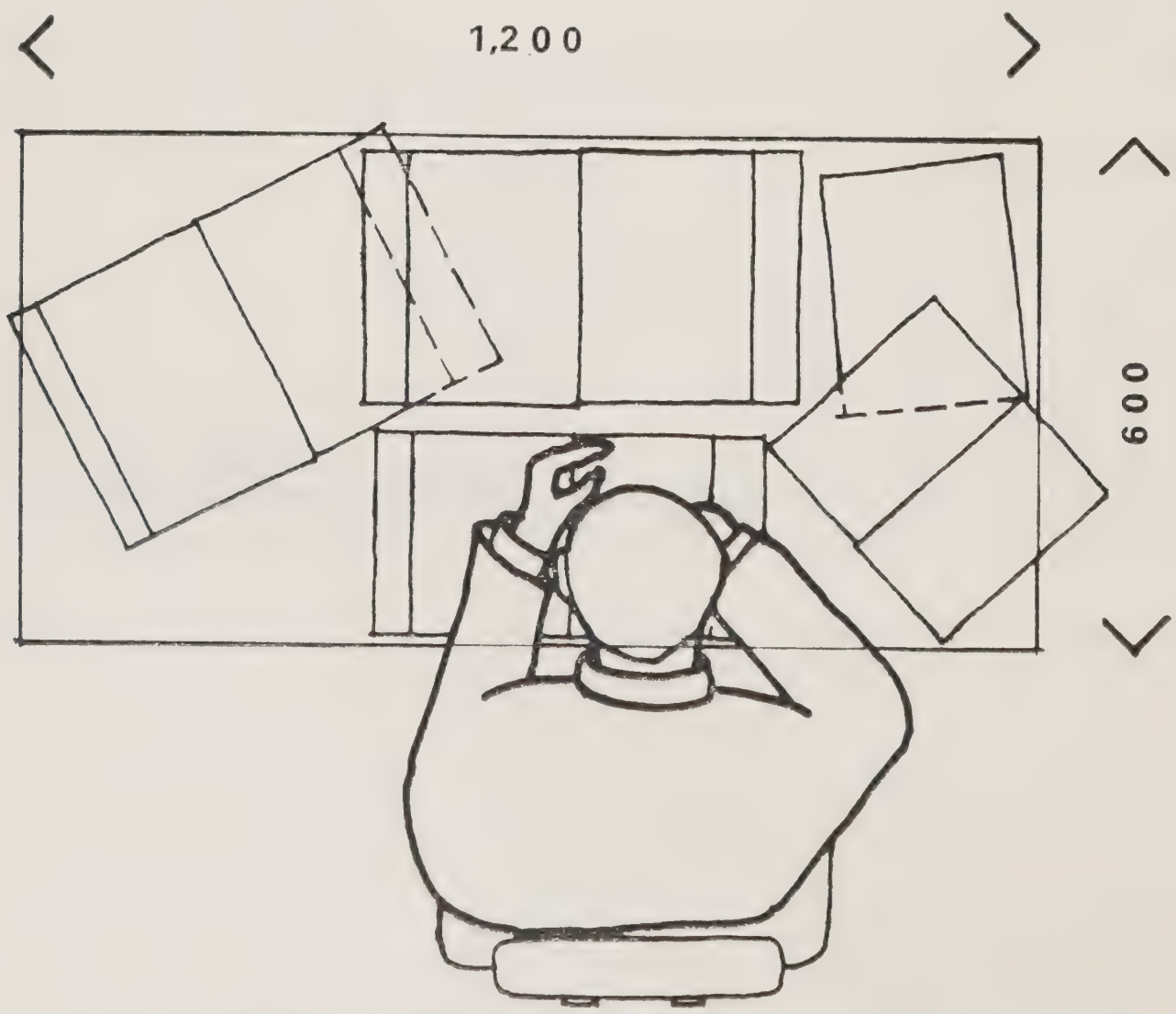
Seating accommodation. Most guides to planning seating accommodation for hospital professional libraries recommend a table either 900mm × 600mm (3 ft. × 2 ft.) or 900mm × 750mm (3 ft. × 2 ft. 6 in.) This is adequate for students at undergraduate level but Keys Metcalf in *Planning academic and research library buildings* points out that those undertaking post-graduate research work, and the qualified staff using a hospital library may be considered to be in a similar category, require a much larger reading area.[2] The authors have found that a reading table 1200mm × 600mm (4 ft. × 2 ft.) is able to accommodate open bound volumes of such periodicals as the *Lancet* and the *British medical journal,* a textbook, the reader's notebook and other writing materials.

It is recommended, therefore, that reading tables in hospital professional libraries, whether in singles or in multiples of two and four, should be provided to these measurements.

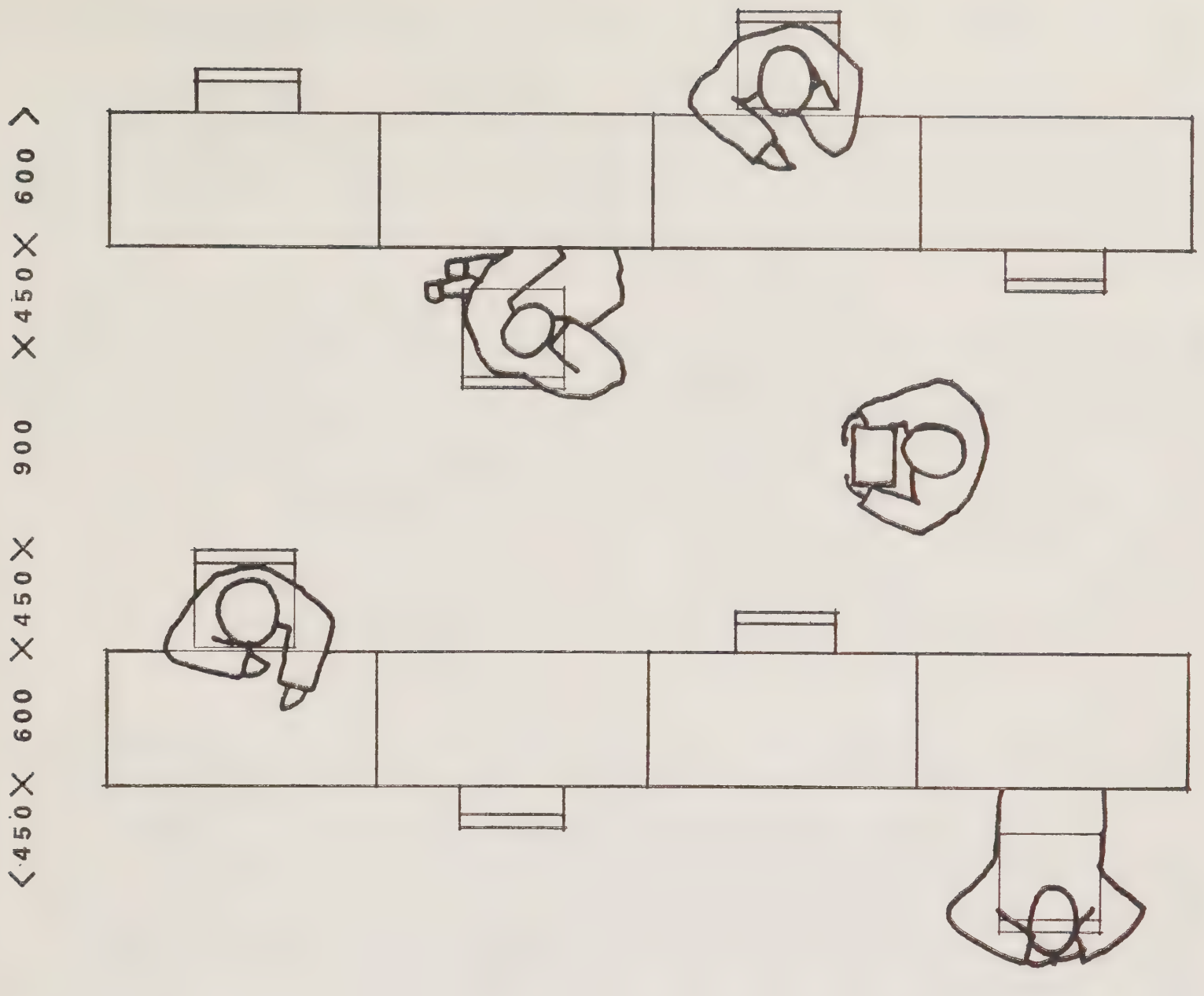
Single tables are certainly the most comfortable method of studying in a library, but if these were to be provided for the total readership this becomes extravagant of space. A combination of single, double and quadruple tables is the best and most economic method of providing reading accommodation in the professional library.

If a separate periodical reading and discussion area is not to be provided[3] then some comfortable armchairs should be provided in the general reading room.

1 Metcalf, Keys D. *Planning academic and research library buildings.* New York, McGraw Hill, 1965.
2 Metcalf, Keys D., *op. cit.*
3 *see below,* p. 52.



Professional library: recommended minimum area for reading table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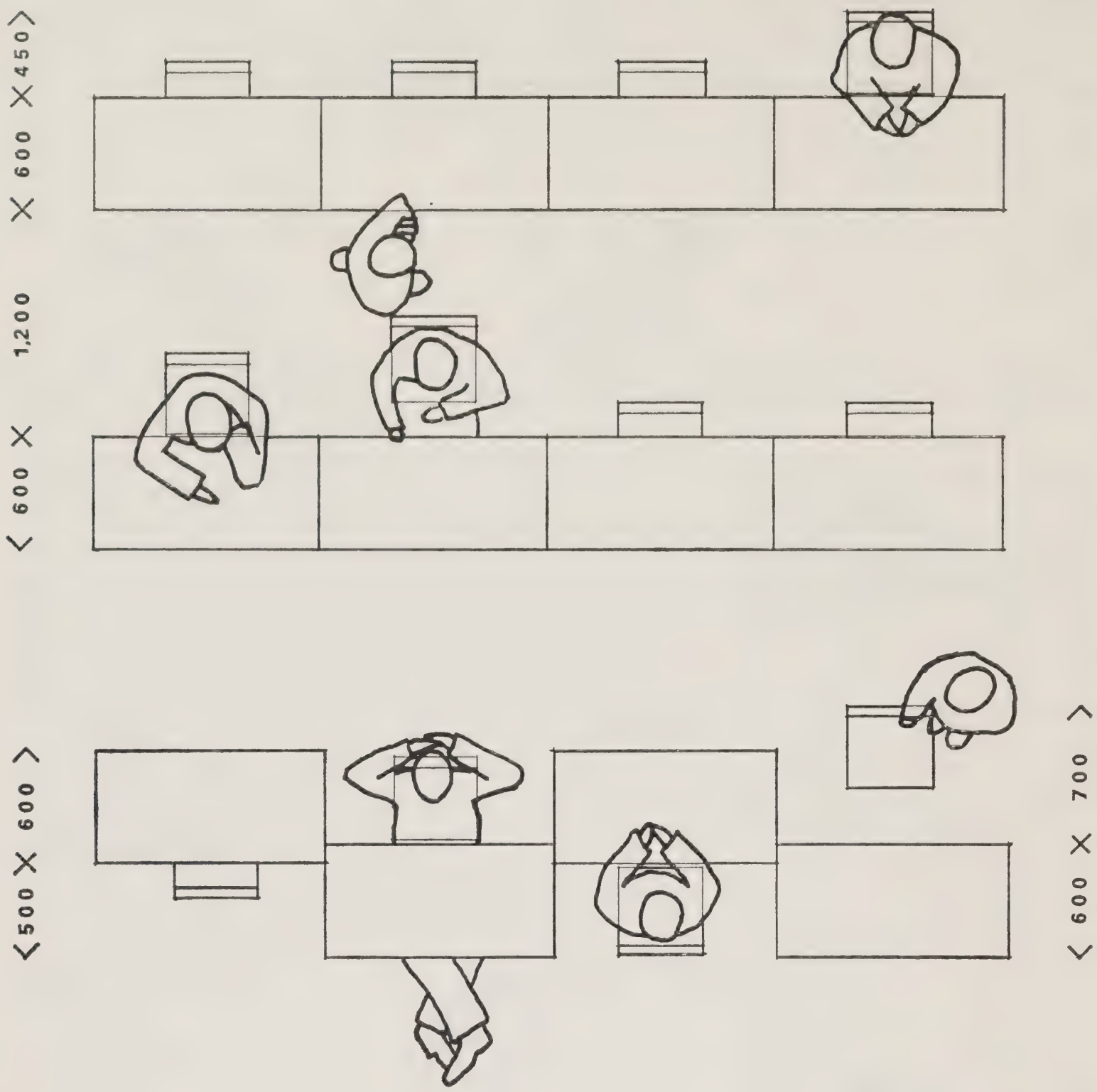


Professional library: possible layouts of reading tables

Other space requirements. In addition to the main library reading area, the professional library will require a bookstore in which early runs of bound periodicals and little-used material may be kept. Again, the size of the bookstore depends on the size and type of the hospital and the policy with regard to the length of time that older material is kept. In general, however, the bookstore will require to be not less than 100m² (1,000 sq. ft.) in large hospitals and 50m² (500 sq. ft.) in district general hospitals. Shelf units in the store need only be at 900mm (3 ft.) centres. Compact storage (e.g. rolling bookshelf units) can be used in this area.

In some hospitals, especially where good professional library services are being provided, it has become the custom for the medical and other staff to have regular meetings to discuss articles of interest in various periodicals. It is essential that a separate room, adjacent to the main reading area, be provided for this purpose so that other users are not prohibited from using the library while journal discussions are in progress. When not in use for journal meetings, this room can be used as an additional informal reading or periodical " browsing " area.

Special accommodation must also be provided for material in microform and for any special microform readers which the library may possess. If the library is also to be responsible for collections of slides, photographs, educational tapes, teaching machines, etc., these also must have suitable

accommodation and consideration should be given to housing this material in a special audio-visual room near the library.

2. *Nurse-training school libraries*

All the recommendations given above for the professional library apply to the nurse-training school library, if this is separately housed in the nurse-training school, with the exception that 25 per cent of the potential users should be able to be accommodated in the library at any one time and 2.3m² (25 sq. ft.) per person should be allowed. Table surfaces can be 900mm × 600mm (3 ft. × 2 ft.).

3. *General library for patients and staff*

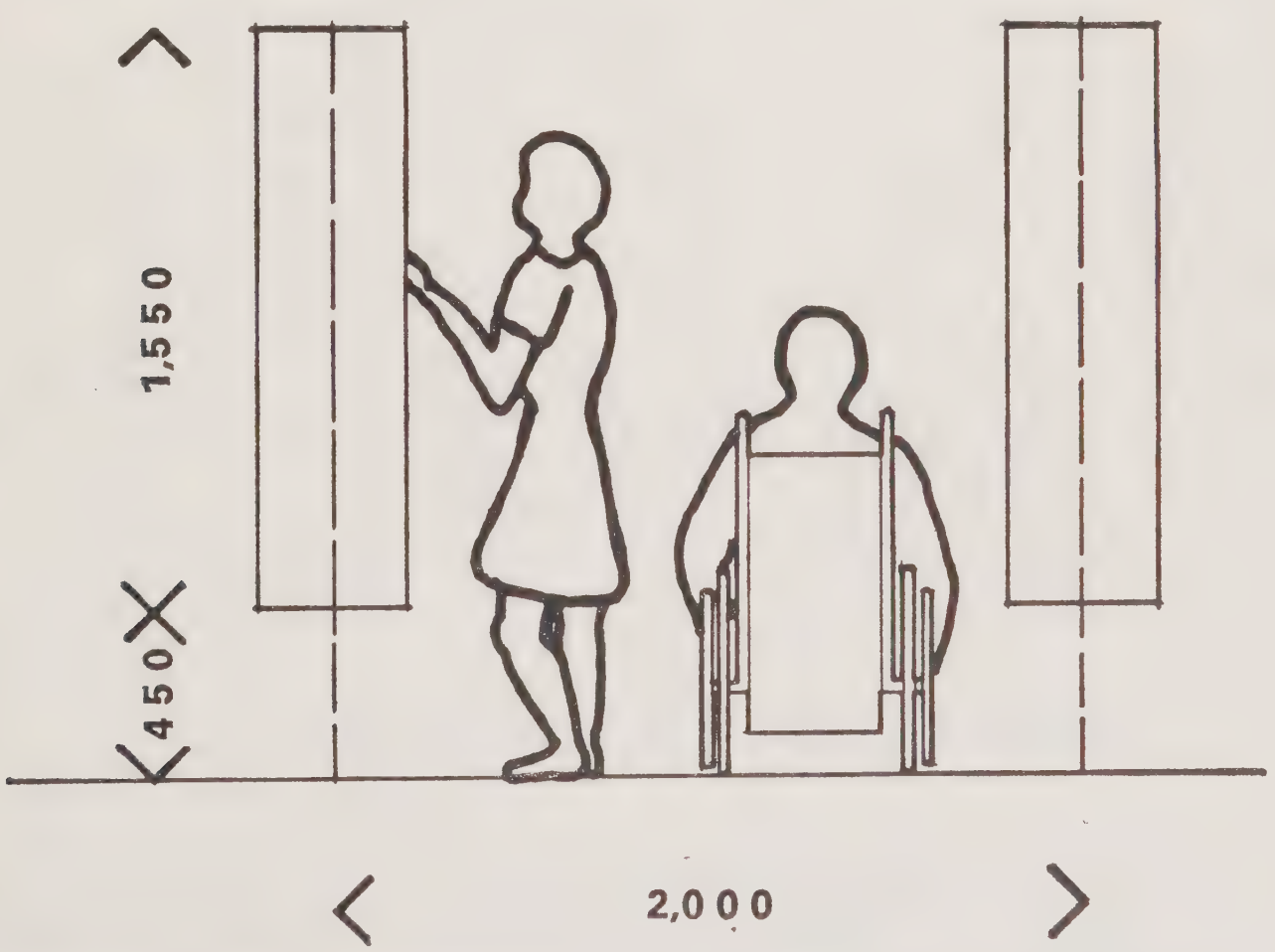
The space which is required by the general library in a hospital is one of the problems which requires a detailed functional study. The following recommendations are based on the space required for the minimum bookstock suggested by the Library Association and for readers and library staff, but they may need revision in the light of further studies. Storage and working space is not included.

Under 200 beds	40m² (400 sq. ft.)
201-300 beds	50m² (500 sq. ft.)
301-400 beds	60m² (600 sq. ft.)
401-500 beds	70m² (700 sq. ft.)
501-700 beds	80m² (800 sq. ft.)
701-1,000 beds	90m² (900 sq. ft.)
Over 1,001 beds	100m² (1,000 sq. ft.)

The space will need to be enlarged in hospitals where there is a significant proportion of ambulant patients (e.g. psychiatric, convalescent). When good library accommodation is provided it tends to attract more readers, and care should be taken not to allow the general library for patients and staff to become too cramped either for bookstock or reader circulation space.

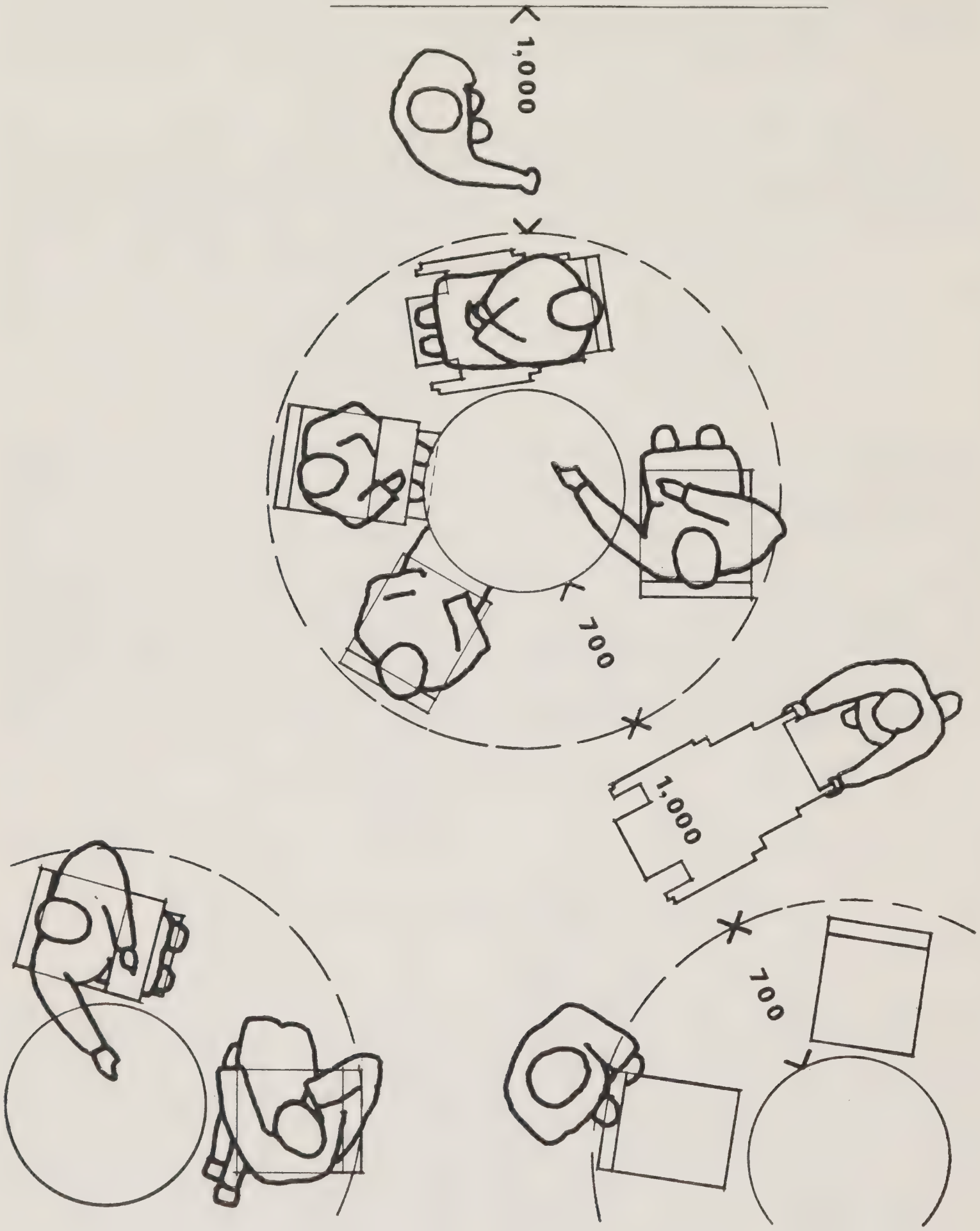
Shelving. The overall height of shelving should be 2m (6 ft. 6 in.) and the lowest shelf should be 450mm (1 ft. 6 in.) from the floor to allow wheelchairs and ambulant patients to reach books easily. This will allow five shelves at 300mm (12 in.) centres. Shelves should be 900mm (3 ft.) wide and 200mm (8 in.) deep. On average, 10 fiction or general non-fiction books will take up 300mm (12 in.) of shelf space, therefore a single-faced unit of five shelves, 2m (6 ft. 6 in.) high will hold 150 books. All shelving must be adjustable. Shelf units should be at least at 2m (6 ft. 6 in.) centres to allow for people circulating and easy passage of wheelchairs and library trolleys.[1]

1 *see also:* Goldsmith, Selwyn. *Designing for the disabled;* 2nd ed. London, R.I.B.A., 1967.



General library: recommended minimum space between bookstacks

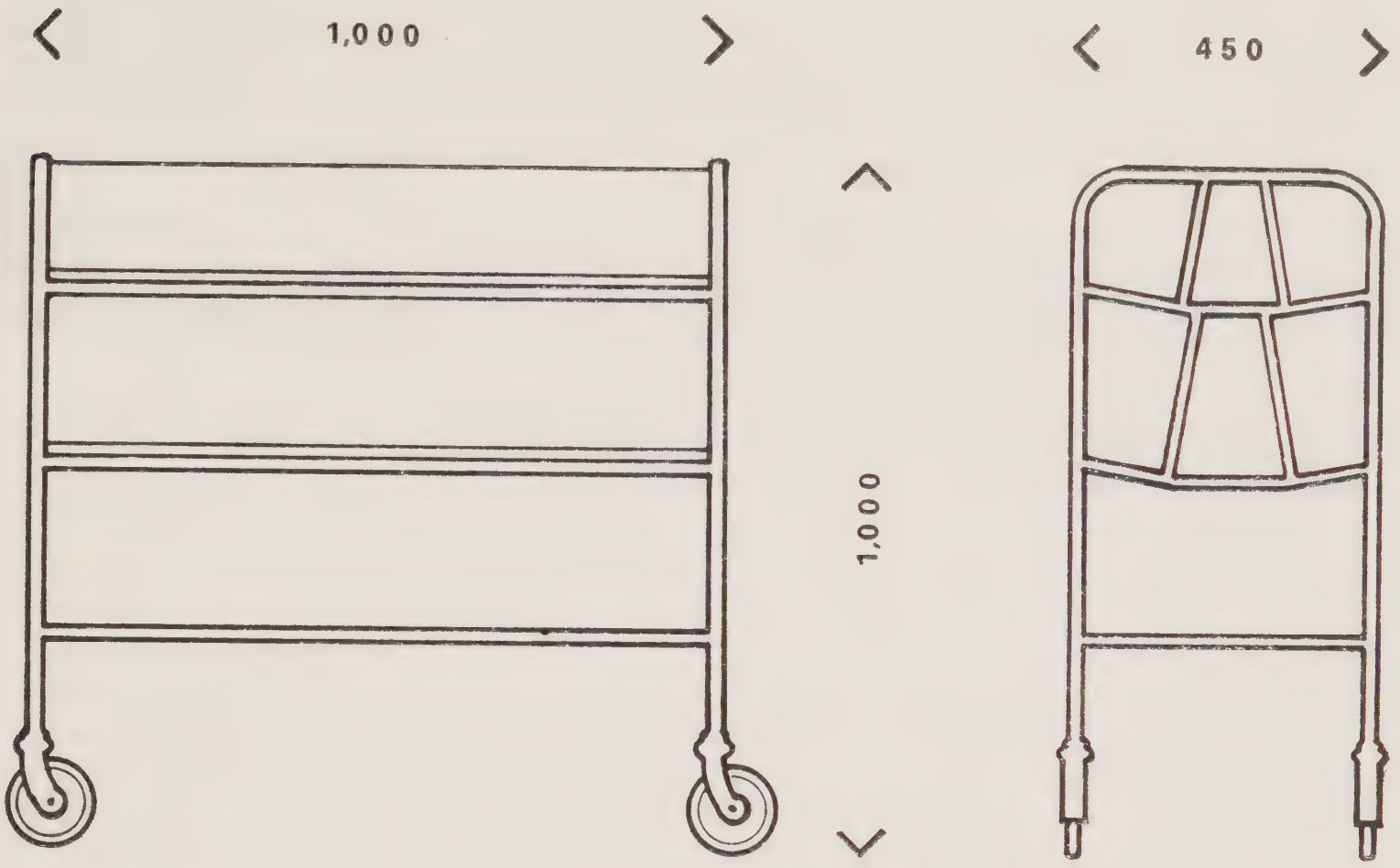
Seating accommodation. There should be informal groupings of comfortable armchairs in the general library. It is desirable also to provide low magazine tables. Specially designed non-tip chairs should be provided for old people and others who may require special seating, and adequate circulation space must be allowed.



General library: informal layout of tables and chairs

Although most of the serious reading in the hospital will be done in the professional library, the addition of one or two study tables with suitable chairs in the general library is necessary for those wishing to make notes. There should be special library furniture and shelving for children if the hospital has paediatric beds.

Other space requirements. A sufficient number of trolleys for taking books around the wards must be provided and also suitable parking space for them near the library. The number of trolleys required depends on the number in use at any one time (i.e. if three wards are visited simultaneously, then three trolleys will be required for this purpose plus one trolley for use in the library).



Library trolley

Storage space for reading aids such as magnifiers, prism glasses, page-turners, book-rests and talking books must be provided. Larger hospitals will probably have to provide space for the more expensive items which may be stored on a group basis, but smaller hospitals will need to provide accommodation for the less expensive aids which they will store themselves.

4. *Space common to both professional and general libraries*

In addition to the main reading areas, a work-room, separate from but adjacent to the libraries must be provided. This is for unpacking parcels, processing new books, storing books withdrawn from circulation and in transit to other libraries, for stapling, guillotining, and undertaking minor repairs of books. It is useful to have a small sink in this room for cleaning up after pasting and also a typewriter for typing cards and labels. Where professional and general libraries are adjacent, a combined workroom can be used for both and this room should be at least 20m^2 (200 sq. ft.) in area. But where the two libraries are separate, each will require to have its own work-room of 20m^2 (200 sq. ft.). In addition, there should be office accommodation for the librarian(s) and this should be of sufficient size to enable the library staff to hold consultations on administrative problems. A large desk is needed as well as shelving for the librarians' reference tools and two or three chairs.

Since it is anticipated that lending will take place from both the general and the professional libraries a counter must be provided in both libraries for the control of loans and to provide a central point to which enquiries can be directed. If the professional and general libraries are in adjacent rooms, it should be possible for these rooms to be inter-communicating and a desk provided at each side of the communicating door so that a librarian on duty may pass readily from one section to the other. Alternatively, a control desk can be incorporated into office accommodation for the library staff which could be provided off a common lobby through which both patients and staff pass to gain access to their respective libraries.

Changing accommodation is required for the library staff and if this is provided centrally in the hospital then the librarians should use this. Some provision, however, for coats, hats and brief cases belonging to outside users of both professional and general libraries must be made. Lavatories for the use of library staff, patients and other users should be provided near the library. Other

equipment required for both libraries includes a telephone, catalogue cabinets, notice-boards and display units, including a current-periodicals rack, and there should be easy access to photocopying equipment.

C. Environment

Thermal environment, lighting, noise control and acoustics must all be taken into account in planning accommodation for hospital libraries. Floors must be quiet and resilient; carpets are recommended for all library reading areas and office accommodation. Carpets are both warm and hardwearing, if a good quality is fitted, and they reduce noise, for example, of chairs being pushed back from tables.[1]

It is particularly important that lighting in both general and professional libraries should be adequate. Libraries with inadequate lighting, in which the reader has to strain either to read or to write will not be used and constitute a positive health hazard. The Illuminating Engineering Society has issued recommendations for lighting in libraries and these should be followed.[2]

1 A carpet fitted in the library of the National Hospital, London, was still in good condition after ten years.
2 Illuminating Engineering Society. *Lighting of libraries*. London, The Society, 1966. (Technical report, 8).

Scotland is not alone in requiring to provide new, and to improve existing library services in hospitals and it was thought useful, for comparative purposes, to include some information on the development and current practice of hospital librarianship in other countries. The fact that a country does not appear in this section does not mean that it has no hospital library service but that no information was readily available. The countries included have not been visited by the authors in a professional capacity and most of the facts have been gathered from reading, either in the original language or in translation. Some information has been gained through personal contact at conferences.

Belgium

Hospital library work in Belgium centres round the Red Cross on whose initiative the National Council of Hospital Libraries was founded in 1936 to establish libraries for patients in hospitals and sanatoria.

The central organisation is based in Brussels where professional librarians are employed to control the libraries and supervise preparation and administration of stock. Library routines are uniform throughout the system. Annual training courses are run for the voluntary staff who carry out the actual work in the hospitals and also do much of the administrative work.

Library provision is calculated at five to seven books per bed in general hospitals and 10 books per bed in sanatoria. There are two central loan libraries to supplement stock, one for sanatoria and one for general hospitals.

An interesting feature of the service is the way in which books are selected and the help given to volunteers in this matter. Book selection is on a wide basis but all books are read by members of a special committee so that depressing or morbid material can be avoided. Members of the committee are chosen for their special interest in and knowledge of literature plus five years ward work. Each book is read by two members who make out a card indicating the literary and moral value of the book, type of reader to whom it is suited and a brief summary. Opinions must tally or a third reader is called in. The cards are filed to form a reference catalogue at headquarters and each year a list of " best books " in French and Flemish is compiled and sent to the volunteers.

An annual subsidy is given to the hospital section of the Belgian Red Cross by the Ministry of Education but apparently it covers less than one-quarter of the total cost.

The Belgians admit that their system is not perfect but it works well and has grown from a small start. Volunteers are keen to continue and professional advice is always available from headquarters.

Czechoslovakia

Ministry of Health regulations have been issued on the aim and general standard of library and information services to patients and staff in Health Institutions in Czechoslovakia. The library service is organised according to these regulations and the requirements of the Library Act of 1959.

The aim of the service is to give effective assistance in raising the medical, cultural and political standards of health workers, to further the advancement of medical sciences and public health, and to provide recreational and educational material for patients in order to contribute to their mental welfare and recovery. The Health Institutions, therefore, require a medical library and a library for patients.

Under the 1959 Act these libraries are part of the network of health libraries incorporated in the integrated national system of Czechoslovakian libraries. The District or Regional Institute of National Health ensures that the provision of premises and equipment is up to the required standard and provides adequate funds for the establishment and maintenance of the service to patients in the institutions in their area. The service to patients is organised and administered from the Library service centre in the District or Regional Institute and is in the charge of a trained librarian with at least one year's experience of public library work. The Centre itself does not keep a book stock but purchases, processes and delivers the books to the institutions in its area.

Books are selected and purchased according to the recommendations for public libraries and provision is on the basis of four volumes per bed for short-stay patients and eight volumes per bed for long-stay. Funds are laid down as four crowns (4s.) per bed per annum short-stay and eight crowns (8s.) per bed per annum long-stay, although this allocation is to be raised if the basic stock is not large enough. Staff may use the patients facilities for recreational reading.

In short-term institutions ward services are carried out by volunteers but they are generally given a gratuity as is the usual practice when they are employed in the public library. In long-term institutions the service is sometimes carried out by the worker for cultural activities and in some cases, for example a psychiatric institution, a patients' librarian is appointed.

Prior to 1953 medical libraries in Czechoslovakia were founded on a voluntary basis and grew in a haphazard manner. In 1953 Ministry of Public Health regulations made it obligatory for medical libraries to be established in each institution under their jurisdiction. In the same year a post was created, in the Ministry, for a library supervisor who would enforce fulfilment of the regulations and act as library consultant.

The regulations lay down the minimum and optimum proportion of the hospital budget which should be spent annually on books and periodicals and the Library Act specifies that libraries should co-operate in acquisition of material. In North Moravia the medical libraries of all hospitals, health centres, etc. have formed an inter-library council to co-ordinate the purchase of books and journals.

The Library Act stipulates that the library should be in a room adequate for its size and function but all health institutions do not yet comply with this.

There are regulations which state that every Regional Institute of National Health must appoint a librarian with university education. He is in charge of the medical library, is consultant to the patients' library and additionally has overall supervision of all the libraries in his region. Many of the smaller institutions have to rely on partly trained part-time staff and the regional medical librarian arranges training and refresher courses. In Prague there is a central Institute for Medical Documentation which provides a bibliographic, reference and photographic service to libraries or to individual enquirers.

Denmark

Although Sweden was the first Scandinavian country to take an interest in libraries in hospitals, Denmark has really been the pioneer in this field, and in this country, from the beginning, hospital libraries have been departments of the public library, organised and administered by them.

The work started in 1926 when the central library in Odense began a library service to Odense County Hospital and this initiative quickly spread to other public libraries. Twenty years later 67 hospitals had patients' libraries organised by 57 public libraries. By 1958, due to the co-operation with public libraries, of 121 hospitals with a service only 10 were without a librarian—eight small hospitals and two psychiatric hospitals. The Danish Psychiatric Association and the Danish Library Association have been working together since 1938 and this has resulted in all psychiatric hospitals having a library for patients.

A state grant is given annually to the public library direct and not to the hospital. In 1961 the total state grant was 217,922 Danish kroner (approximately £10,896) and the grant per bed was 6 : 75 kr.D. (approximately 6s. 9d.). Distribution of patient expenditure varies but in Copenhagen the procedure is as follows: the city library pays for books and professional staff and the hospital provides premises, furnishing and fittings and pays for clerical help.

In 1961 a questionnaire was sent out to 46 hospitals concerning accommodation, furniture and fittings and later, standards for new hospital libraries were produced.

The recommendations made by the hospital section of the Danish Library Association are concerned with staffing, book stock and accommodation. Briefly these are that the public library should place a professionally qualified librarian(s) at the disposal of the hospital library service and each department should be visited twice weekly. The public libraries should defray the expense of buying and maintaining stock and the books should remain their property. The book stock should be comprehensive and selection should follow the principles for public libraries. On an average three to four books per bed should be provided, this number being increased for long-stay patients and small hospitals. Suitable premises and equipment should be provided by the hospitals and the hospital should defray the librarian's salary which should be calculated according to the current librarians' scale.

Since 1942, patients in T.B. hospitals have been served by a separate central library in Copenhagen. This is an independent institution with its own staff and in addition to the normal public library grant, it receives a special state grant. It serves 23 hospitals, eight sanatoria and four nursing homes.

England

As in Scotland the standard of library provision in English hospitals varies considerably and here too, the service is organised and financed from many sources. Much of the work is still being done

by voluntary organisations and hospitals with a St. John/Red Cross patients' library service pay 15s. 6d. per occupied bed. This sum was agreed by the Ministry of Health in 1966. Some of the larger hospitals which are very well endowed can afford to use these funds to run a library service and employ qualified staff. A large number of hospitals have a service organised by their local authority library and several county and municipal libraries have established the post of hospital libraries organiser. Where the service is organised by the local authority, qualified staff are usually employed.

Teaching hospitals in England are not administered by Regional Boards but by Boards of Governors which are directly responsible to the Ministry of Health. These hospitals generally have large medical school libraries adequate for their purpose. The standard of medical library provision in other hospitals varies greatly; since the early 1960s interest has been increasing and there seems to be a greater awareness of the need to provide good library facilities.

Developments include the establishment of libraries in post-graduate medical centres which are open to hospital staff and to general practitioners. Several integrated library services have been established the first being at Queen Elizabeth II Hospital, Welwyn Garden City. At this hospital the service to staff and patients is carried out from adjacent rooms. A qualified librarian is in charge of the whole library service with a part-time assistant and 20 volunteers. The librarian is on the staff of the local county library which also provides the books for the patients' library. The hospital pays the librarians' salaries and the running costs of the medical library. This system has been followed in other hospital libraries in England.

The Sheffield Regional Hospital Board in their report outlined a scheme for regional provision of medical literature and recommended the appointment of a regional medical librarian. This has not so far been implemented. However, at the end of 1967 Wessex Regional Hospital Board appointed a regional librarian to co-ordinate all library services in the region, to medical staff, to nurses and to patients.

On the administrative side several Regional Boards have appointed chartered librarians to organise their Board libraries and provide an information service to the staff.

Finland

The hospital library service in Finland, with one exception, did not get under way until after the second world war. The exception was the small town of Hankö which had a hospital library connected to the public library but war interrupted the work and in 1945 Hankö was in the area ceded to the Soviet Union, although it was returned 10 years later. During and immediately after the war, volunteers ran a library service to military hospitals and in 1945 Helsinki City Library started a hospital library department. By 1966 this library served the seven hospitals owned by the city, three homes for old folk and provided book collections in children's homes and welfare institutions. The rest of the country did not progress to the same extent and in 1961 there were hospital libraries in only nine Finnish towns and none in the provinces. T.B. is still endemic in Finland and an attempt to set up a central library for sanatoria failed after a year due to lack of resources.

Little could be done to improve the situation until April 1962 when the new Finnish Library Act gave hospital libraries their first legislative recognition. The Act states that any local authority or association of local authorities maintaining a library in a hospital or other welfare institution, owned by the state or local authority, shall receive 90 per cent of the approved library expenses as a state subsidy. By the Act most of the hospital libraries will be linked to the local public library system and the minimum requirements imposed on public libraries will hold good for hospitals. Requirements to be met before receiving the subsidy include: a separate room of a stated minimum area; adequate book stock of good quality (no subsidy is allowed for books below a certain literary standing); fixed minimum hours of opening including ward visits; and trained staff. Small hospitals have difficulty in meeting these requirements but in the towns rapid progress has been made.

In spite of the Act, the provision in Finland is still very varied and uneven and one of the immediate aims is to establish national standards suitable to Finnish circumstances. There is also a need for efficient training of hospital librarians. Full-time staff have generally received ordinary library training but part-time staff, who usually run the service in the provinces, have only a two-week course.

As the 1962 Act is a Public Library Act the upkeep of a medical library for staff is outwith its provisions.

France

The question of library provision in hospitals was raised about 1935 and in Paris a central library was established to co-ordinate the work of hospital libraries in that city. Book selection is undertaken by a committee and the books are read by two members before being bought to avoid anything considered unsuitable for patients. Books are processed and distributed from the central library. Provision is in the nature of six volumes per bed for surgical patients, six to eight for medical, and ten to twelve for long-stay patients.

In older hospitals it is difficult to find suitable accommodation but all new hospitals have library accommodation included in the plans. Funds for the service are 25 per cent of daily charges on in-patients and there is a weekly service to wards.

A 1966 survey showed four criteria for a good service:

(1) a qualified librarian;
(2) a central library where patients would have access to books;
(3) book selection by the librarian;
(4) co-operation between librarian and other professional staff in the hospital.

Germany (West)

Growth of the library service in hospitals in Germany has been slow and it is only recently that much interest has been generated.

The situation appears to be very varied throughout the country although a number of the larger cities have had well organised services for some years. In Munich the hospital library service is closely linked with the city library which appoints and allocates staff. Staff salaries are refunded by the hospital and maintenance costs including books, binding and equipment are borne by the city library.

The first conference to be held in Germany, on library services to patients in hospital, was in 1962 and papers were included on the present state of hospital libraries in Germany and on the nature of patients' reading. Among the recommendations agreed were: a library service is essential and local public libraries should provide this in small hospitals; the minimum stock should be three volumes per bed in general hospitals with a higher proportion for long-stay patients; hospital librarians should have general professional training, and in addition should attend a course in hospital librarianship. It is also useful for them to have some knowledge of medicine and psychology. Nurses' education might include instruction on hospital libraries and patients' reading.

At the beginning of 1968 Germany issued standards for hospital libraries and these made recommendations on the provision of books, the size of room, and the staffing and financing of the service. Book provision is to be on a basis of four volumes per bed in general hospitals with an increase for long-stay patients and in hospitals with less than 200 beds.

Irish Republic

The Public Hospitals Act of 1933 allows a limited grant from the Hospitals Trust Fund to be allocated to establish patients' libraries. The hospital library service was therefore inaugurated in 1937 with a Hospital Library Council, appointed by the Ministry for Local Government and Public Health, to organise and administer it. Since 1947 the service has been under the Ministry of Health, and where funds permit is extended to establishments for the handicapped, e.g. deaf, blind and mentally retarded. Hospital libraries are also maintained for patients in rehabilitation institutions.

The service in the hospitals is run by voluntary librarians. Books are supplied free of charge and the number sent to each hospital is based on the bed complement. Each library is replenished as required and additions to stock are made regularly or as requested. By September 1967, 172 hospitals and institutions were being served. Book selection is in the hands of a special book committee.

Ireland seems to be particularly ahead in work with mentally retarded children and the children's standard of reading, general knowledge and speech has improved since the establishment of a library service. Craft books providing illustrations are in demand by those who will never be readers but are good with their hands and wish to make things.

The Hospital Library Council convenes meetings with the various hospital representatives to discuss the operation of the service, its problems of administration and its development. It is apparent that over the 30 years of its existence the service has become an integral part of hospital routine.

Italy

Reading for patients in Italian hospitals is not yet organised at national level, but in some regions, notably Lombardy, literature is provided at local level. Hospitals in some towns, Bologna, Palermo and Pescara, are receiving a library service for patients from a Bibliobus (mobile library).

Only occasionally are qualified librarians employed, for example in the Centro Traumatalogico in Palermo where there is a patients' library and a professional library for staff. In general, books are distributed by nurses, medical social workers or by the patients themselves. As yet no standards have been issued in Italy and there is no training in hospital librarianship either for volunteers or professional librarians.

Northern Ireland

The library service to patients in Northern Ireland is primarily organised by voluntary bodies with some financial aid from the hospital authorities. The Joint Committee of St. John/Red Cross provide a library service to 34 hospitals and receives an annual fee of 9s. per patient from the Northern Ireland Hospitals Authority. Other voluntary committees serve 20 hospitals and have to rely heavily on donated books although on average the management committees contribute £50 per annum for book purchase. Apart from the volunteers hospitals employ three full-time and six part-time members of staff none of whom is a qualified librarian.

Some public libraries provide boxes of books to the hospitals and the Hawnt report of 1966 approving this practice goes on to strongly recommend that public libraries should regard the service to hospitals as an integral part of their service to the community. The report also suggests that the appointment of a library adviser to the Northern Ireland Hospitals Authority should receive careful consideration.

With regard to the provision of medical literature the Northern Ireland Hospitals Authority makes an annual grant to the Queen's University, Belfast.

Norway

The library service in Norwegian hospitals was begun in 1926 when Tønsberg public library started a lending service to its local hospital but for a long time it was the only hospital library in the country.

In 1931 the Norwegian Library Association formed a committee to establish libraries in hospitals. Questionnaires were distributed to hospitals and sanatoria and 68 out of 108 showed an interest in receiving help to organise a patients' library. The committee asked various organisations to co-operate to raise money for the purchase of books but since the financial year 1946-47 the State has given an annual grant towards the work.

In 1961 Norway had a total of 312 hospitals of all sizes and categories and 230 of these applied for the State grant which was raised to a total of 50,000 Norwegian kroner (approximately £2,500) this worked out at approximately 1s. 6d. per bed. By 1964 the State grant was increased to 85,000 kr. N. (approximately £4,250). This was divided between 192 hospitals. The grant is paid direct to the hospital and the amount is dependent on the local contribution raised by the hospital. It can be up to 50 per cent of this although there is an upper limit. In 1964 the highest grant to a single library was 800 kr. N. (£40).

Unlike the other Scandinavian countries there is no mention of patients' libraries in the Norwegian Library Act and administration of the libraries varies. In some cases the service to patients is run by the local authority library and in others by the hospital alone. The link with the local authority is preferred because of professional assistance but there are not sufficient full-time qualified librarians to run the service. In 1965 only three hospitals had full-time librarians and other libraries were run by hospital staff or volunteers.

Medical libraries in hospitals began in the immediate post-war years, the first being at Ullevål Hospital, Oslo in 1947. A 1964 survey showed that there were four hospitals with over 400 beds and that each of these had a medical librarian but out of 16 hospitals in the 200 to 400 bed range there were only three with medical librarians.

Interest in libraries in hospitals is increasing in Norway and there is a desire for closer co-operation between the service to patients and to staff and for co-operation between hospitals in setting up a service to hospital staff and general practitioners. It is considered that on the patients' side there should be support from the local authority library and for the staff, a link with the university medical library.

It has been said in Norway that too often when new hospitals are built or old ones reconstructed the library is forgotten or a small inferior room inconveniently placed is called library and there is no mention of the library in the hospital budget. Norway has as yet no published standards but it is felt that the time has come for these to be produced so that the service can continue to grow and improve and so that proper provision may be made for the library at the planning stage and in the annual expenditure of the hospital.

Sweden

In Sweden as in so many countries library work in hospitals began on a voluntary basis but since 1920 the State has been giving financial aid. The grant was fixed at 1 Swedish krona (approximately 1s. 6d.) per bed per annum and by 1953 had risen only to 1.80 kr. S. (about 2s. 8d.). Since then it has not been increased.

Certain conditions must be fulfilled before the state grant is received. There must be an equivalent local grant; this can be higher than the state grant, but if it is lower, the state grant is correspondingly decreased. The grant is paid to the hospital except where the hospital library is a branch of the local authority library. In this case the state grant is paid to the local authority on condition that both state and local grant are used solely for the hospital. The library must have regular hours of opening and allow free access to patients and staff. Suitable premises must be provided. The library is subject to inspection by the Board of Education or a librarian approved by them.

In 1949 the Swedish Public Library Association produced a report which made recommendations for the improvement of the hospital library service. One of the proposals was that the state grant should be 12 kronor (about 18s.) per bed, per annum, this figure being based on the estimated cost of the service but unfortunately this has never been realised. However, although the sum of 1.80 kr. S. has never been increased local contributions have risen and in 1961 the total state grant was only 14 per cent of the total expenditure on hospital libraries.

Municipal libraries in the larger towns have set up special hospital library departments to organise the service in their area and in 1964 about 11 of these towns had full-time hospital librarians.

In the provision of book stock an early recommendation was for three volumes per bed but this was later amended and 1961 statistics showed an average provision of $7\frac{1}{2}$ volumes per bed. Book selection is considered to be of great importance and the doctor's opinion is often sought. The hospital section of the Swedish Library Association compiles an annotated list of recommended books for hospital patients and in Stockholm all full-time hospital librarians meet weekly to discuss newly published books. Bibliotherapy is a traditional practice of long standing. There are many books on the subject and studies and clinical research have been undertaken on the psychological impact of books and the therapeutic aspects of reading.

Switzerland

The library service for hospital patients in Switzerland is run by Veska, the voluntary aid association for hospitals. It is a powerful organisation and hospital libraries are only one side of its welfare activities. No full-time staff are employed. Geneva, which is one of the few towns to have a public library system, is trying to develop its own service to hospitals.

United States of America

Library work in hospitals has been carried out in the States for many years and even at the turn of the century hospital administrators and librarians were beginning to realize the need for standardization. However, progress was slow until 1937 when an outline of standards was drawn up. In 1953 *Hospital libraries: objectives and standards* was published by a Joint Committee representing the American Library Association, Medical Library Association and Special Libraries Association. These standards are based on the 1937 outline and deal with libraries for patients, for medical staff and for nurses. A reprint was issued in 1968 and a revised edition is being prepared.

Other bodies such as the United Hospital Fund of New York and the Veterans Administration, Department of medicine and surgery have also made recommendations for libraries in hospitals. All Veterans' Administration Hospitals must, by law, have a medical and a patients' library.

In spite of all these recommendations the situation in American hospitals is still varied and uneven. The service to patients is organized by the local public library, by the hospital, by volunteers or by a combination of these organizations. In most hospitals the staff have access to the patients' library facilities.

According to a survey undertaken in 1962 there is a professional library for staff at 41 per cent of hospitals with less than 100 beds; at 88.4 per cent of hospitals with 100-399 beds and at all hospitals with 400 beds and over. In many of these hospitals the professional library and the patients' library are under one administration.

Wales

After a meeting in October 1966 the Medical Advisory Committee and the Area Nurse Training Committee set up a special Joint Sub-Committee to examine the National Book League's report, *Book and journal services for doctors and nurses*. After considering the recommendations in it and those of the other major published reports the committee made its own recommendations to the Welsh Hospital Board for the improvement of hospital library services.

Because of existing library facilities at the Welsh National School of Medicine the committee did not consider it necessary to have a regional library but supported the idea of a group library within the main hospital in each group. The group libraries should serve all categories of hospital staff, general practitioners, and nurses, medical and paramedical staff employed by local authorities or in industry. The group library should be responsible for acquisition of material and for the supply of literature to special departments and smaller hospitals. Where no professional librarian is employed advice should be sought from one locally in matters of book selection.

The committee realized that ideally a chartered librarian should be in charge of each group library but that financially this might not be possible to implement. In the meantime, in these cases, they recommend the appointment of a clerk/secretary who would also be involved with other hospital duties. The clerk/secretary should be sent to the library of the Welsh National School of Medicine for practical training.

Other recommendations were that Hospital Management Committees should reconsider the amount of money which they spend on books and journals; nurse tutors should be encouraged to attend library organisation courses; nurses should be given a grant for text-books and books of a general educational nature should be included in libraries used by nurses.

I.F.L.A.

There is much that can be and is being done to improve hospital library services nationally and internationally and much of the good work in this direction is being done by I.F.L.A., the International Federation of Library Associations.

I.F.L.A. was founded over 40 years ago to promote co-operation in librarianship and bibliography and there has been a section for hospital libraries since 1932. Since 1964 this has been a sub-committee of the public library section and in 1966 the title was altered to Libraries in hospitals sub-section. Conferences are held annually and papers relevant to hospital librarianship are usually included.

At the 1960 Conference basic principles for hospital libraries were discussed and afterwards published in *Libri,* the official journal of I.F.L.A. Guide lines on book stock, staffing and accommodation were laid down. Since then, the section has been examining standards issued by other countries with a view to compiling international standards. Although primarily concerned with libraries for patients, recommendations for the provision of professional literature to hospital staff are to be included. It is expected that these standards will be published this year (1969).

The 1965 Conference decided that a list of correspondents for each member country should be compiled so that there would be the necessary communication links in any international research project. Already over 20 correspondents have been appointed and questionnaires were sent out to these correspondents to assist in the preparation of the international standards. These standards will be based on information received from 14 countries. The correspondents have also been asked to compile a book list of one hundred titles, likely to remain in print, which are representative of their country's literature and which would appeal to hospital patients. These lists are expected to be published this year (1969) and will be a useful aid in the selection of foreign books. Other work currently being undertaken includes the compilation of an international bibliography and of a manual of hospital librarianship.

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Appendix IV — Questionnaire

INTRODUCTION

The Scottish Hospital Centre has been given a grant by the Nuffield Provincial Hospitals Trust which will allow a survey to be undertaken of the present position of library services in Scottish hospitals. In undertaking this review on behalf of the Hospital Service, it will be necessary for the Centre to collect basic information from individual hospitals. The co-operation of Hospital Boards and individual officers in the Service is therefore requested.

In general, hospital library services are fragmentary and it has been difficult to compile a questionnaire which will cover all situations. Questions have been grouped under several headings and, while terminology differs between hospitals, it is hoped that the enquiry will be sufficiently clear to allow the necessary information to be gathered without imposing an undue burden on any individual officer. If there are any queries, advice should be sought from either Miss A. J. Bunch or Miss E. E. Cumming, librarians at the Scottish Hospital Centre.

Notes

1. It is requested that questionnaires are completed and returned by February 28, 1967. Where questions can be answered by " yes " or " no ", please indicate with a tick.

2. It should be noted that the survey is not concerned with the provision of:—
   (*a*) Textbooks for undergraduates;
   (*b*) Literature owned by members of staff;
   (*c*) Small departmental collections of " bench books ", for example, 20 or less.

3. It is recognised that certain sections of this questionnaire will not apply to smaller hospitals.

Scottish Hospital Centre,
Crewe Road South,
Edinburgh, 4.

031-DEAn 2335, Ext. 25

Section A

GENERAL INFORMATION

1. Does your hospital have an established library? YES..... NO.....
2. If so, in what year was it started? .....
3. If not, is it planned to establish one in the future? YES..... NO.....
4. Does the hospital rely on direct access to another library outwith the hospital? YES..... NO.....
5. If so, please state name and type of library. .....
6. Is there a centralised library service? YES..... NO.....
7. If not, what separate collections are maintained (e.g. general, nursing, medical, technical)? .....
8. If there is a centralised service, what subjects are covered by the bookstock (e.g. general, nursing, medical, technical)? .....
9. If there is a centralised library, do all categories of staff have access to all the books? YES..... NO.....
10. If not, please indicate what restrictions are applied. .....
11. If there is a centralised library, do patients have access to all the books? YES..... NO.....
12. If not, please indicate what restrictions are applied. .....
13. If there are separate libraries (including departmental collections) please indicate, by ticking the appropriate boxes, the categories of staff allowed to use each section.

	Patients	Medical and Dental Staff	Nursing Staff	Professional & Technical Staff	Admin. & Clerical Staff	Ancillary Staff
General Library						
Medical Library						
Nursing Library						
Admin. Library						

Others, including Departmental Collections, please list

1.

2.

3.

4.

14. Is the library service made available to general medical and dental practitioners in the area? .....

15. Are there any library committees? YES..... NO.....

16. If so, what is their composition? .....

17. How are books selected for:—

(*a*) The general library .....

(*b*) The medical library .....

(*c*) The nursing library .....

(*d*) The admin. library .....

(*e*) Others, please list .....

18. Any additional comments .....

Section B

LIBRARY STAFF

1. Please indicate in the table below, the numbers and categories of staff working in each library or major departmental collection and hours worked per week.

	Professional (e.g. A.L.A., F.L.A.)		*Clerical*		*Voluntary*	
	No.	Hours	No.	Hours	No.	Hours
General Library						
Medical Library						
Nursing Library						
Admin. Library						

Others, including departmental collections, please list

1.

2.

3.

4.

2. If one, or more, salaried librarians are employed, please indicate if:—

(*a*) by the hospital or hospital group? .....

(*b*) as part of a group service to other hospitals? If so, please list the other hospitals .....

(*c*) by another organisation? (If so, please state which.) .....

3. Where voluntary staff work in the library, please state name of organisation, if any (e.g. Red Cross, W.R.V.S.) and numbers from each .....

4. Any additional comments. .....

Section C

LIBRARY SERVICES FOR HOSPITAL STAFF (EXCLUDING GENERAL AND RECREATIONAL LITERATURE)

1. Is the library stock:—
   - (*a*) for reference only — YES..... NO.....
   - (*b*) all available for lending — YES..... NO.....
   - (*c*) partly for reference and partly for lending — YES..... NO.....
2. Is instruction given on the use of the library? — YES..... NO.....
3. If so, to which categories of user and by whom? .....
4. Do the library staff undertake literature searches (e.g. using Hospital Abstracts, Index Medicus)? — YES..... NO.....
5. Are there any facilities for meeting special requests (e.g. borrowing from outside sources)? — YES..... NO.....
6. If facilities are available, please state which (e.g. H. K. Lewis, Public Library, National Lending Library). .....
7. Does the library prepare and issue any publications (e.g. bulletins of additions, lists of periodicals)? — YES..... NO.....
8. If so, please state types. .....
9. Are photocopying facilities available? — YES..... NO.....
10. Are departmental collections of books maintained? — YES..... NO.....
11. If so, are they catalogued in the main library? — YES..... NO.....
12. During what hours is the library open? .....
13. Are the library services publicised? — YES..... NO.....
14. If so, in what ways? .....
15. Any additional comments .....

Section D

SERVICES FOR PATIENTS

1. Is there a trolley service to the wards? — YES..... NO.....
2. How often are the wards visited? .....
3. What type of library trolley is used? .....
4. Are patients allowed to visit the library? — YES..... NO.....
5. Is there any specialised equipment for aids to reading (e.g. page-turners)? — YES..... NO.....
6. If so, what types? .....
7. Are any additional recreational activities organised by the library (e.g. play-reading, record recitals, etc.)? — YES..... NO.....
8. If so, please state which. .....
9. Is a reference and information service available to patients? — YES..... NO.....
10. Are there facilities for meeting special requests by patients (e.g. borrowing from outside sources)? — YES..... NO.....
11. Is the library service publicised (e.g. in any brochure for patients on admission)? — YES..... NO.....
12. If so, please state in what ways. .....
13. Does the librarian normally interview new patients in the ward unit? — YES..... NO.....

14. Are there any special provisions for children? YES..... NO.....

15. Any additional comments. .....

Section E

ACCOMMODATION

1. Please complete the following table.

	Overall size of library in square feet	No. of seats for users	No. of writing spaces for users	Approx. shelving capacity in linear feet	Is there room for expansion	Total no. of books	No. of periodicals	No. of newspapers
General Library								
Medical Library								
Nursing Library								
Admin. Library								

Others, including departmental collections, please list

1.

2.

3.

4.

2. Are any specialised collections held (e.g. large print books, braille, talking books, books in foreign languages, special medical collections)? YES..... NO.....

3. If so, which? .....

4. Is there a separate work-room for library staff (e.g. for unpacking parcels, preparing binding)? YES..... NO.....

5. Is the library used for any other purpose? YES..... NO.....

6. If so, please give details. .....

7. Any additional comments. .....

Section F

FINANCE

A. *If there is one centralized library:—*

1. Is it financed:

(*a*) from Exchequer funds YES..... NO.....

(*b*) from Endowment funds YES..... NO.....

(*c*) by the local authority YES..... NO.....

(*d*) from other sources (e.g. Red Cross, W.R.V.S.)—please state which .....

2. If financed from several sources, please give the percentage contribution by each. .....

3. If possible, please give approximate annual expenditure on:—

(*a*) books £.....

(*b*) current periodicals £.....

(*c*) other items (e.g. binding, stationery) £.....

(*d*) expensive equipment (reading aids, microfilm readers) £.....

(*e*) library-staff salaries £.....

B. *If there is more than one library:—*

1. Who finances:

(*a*) the general library .....

(*b*) the medical library .....

(*c*) the nursing library .....

(*d*) the admin. library .....

(*e*) others, please list .....

2. If possible, please give the approximate annual expenditure for each library in the table overleaf.

	Books £	Current Periodicals £	Binding, Stationery, Miscellaneous £	Expensive Equipment (Microfilm readers, etc.) £	Library Staff Salaries £
General Library					
Medical Library					
Nursing Library					
Admin. Library					

Others, including departmental collections, please list

1.

2.

3.

4.

6. Any additional comments. .....

Section G

1. Please state if the attention of the authority controlling your service has been drawn to the recommended standards* for libraries in hospitals issued by the Library Association. YES..... NO.....

2. If so, please comment on the applicability of the standards in your situation. .....

In conclusion, any additional comments would be appreciated, e.g.

3. Do you think the library service in your hospital or group is adequate? YES..... NO.....

4. If not, have you any general suggestions for improvement? .....

Signature .....

Rank .....

Date..... Hospital .....

* Library Association: Hospital Libraries: recommended standards for libraries in hospitals. London, Library Association, 1965. 5s.

Appendix V — Hospitals visited during the survey

North-Eastern Region
Dr. Gray's Hospital, Elgin.
Maryhill Maternity Hospital, Elgin.
Spynie Hospital, Elgin.
Bilbohall Hospital, Elgin.
Joint User Arrangement
Craigmoray Institution, Elgin.

Eastern Region
Royal Dundee Liff Hospital.
Strathmartine Hospital, Dundee.
Murray Royal Hospital, Perth.
Perth Royal Infirmary.
Hillside Hospital, Perth.
Bridge of Earn Hospital.

South-Eastern Region
Princess Margaret Rose Orthopaedic Hospital, Edinburgh.
Royal Edinburgh Hospital.
Rosslynlee Hospital, Midlothian.
Victoria Hospital, Kirkcaldy.
Peel Hospital, Galashiels.
Sanderson Hospital, Galashiels.
Knowepark Hospital, Galashiels.
Dingleton Hospital, Melrose.
Stratheden Hospital, Cupar, Fife.

Western Region
Stobhill Hospital, Glasgow.
West Highland Hospital, Oban.
McKelvie Hospital, Oban.
County Chest Hospital, Oban.
Dalintart Hospital, Oban.
Maternity Hospital, Oban.

Appendix VI Local authorities assisting with library services in hospitals

Burghs
Aberdeen
Arbroath
Dunfermline
Edinburgh
Galashiels
Glasgow
Keith
Kirkcaldy
Peterhead 9 Burghs

Counties
Aberdeen
Angus
Argyll
Ayr
Banff
Dunbarton
Dumfries
Fife
Lanark
Midlothian
Moray and Nairn
Orkney
Renfrew
Roxburgh
Stirling
West Lothian
Zetland 17 Counties

Appendix VII — Organisations concerned with hospital libraries

Library Association,
7 Ridgmount Street,
Store Street,
London, W.C.1.

Hospital Libraries and Handicapped Readers Group of the Library Association,*
Hon. Sec. D. A. Matthews, M.A., F.L.A.,
College of Librarianship, Wales,
Llanbadarn Fawr,
Aberystwyth.

Medical Section of the Library Association,*
Hon. Sec. Mrs. M. B. Bailey, A.L.A.,
Institute of Neurology, National Hospital,
Queen Square,
London, W.C.1.

Hospital Centre,
24 Nutford Place,
London, W.1.

National Book League,
7 Albemarle Street,
London, W.1.

Royal College of Nursing,
Henrietta Place,
Cavendish Square,
London, W.1.

Scottish Hospital Centre,
Crewe Road South,
Edinburgh, 4.

British Red Cross Society, Scottish Branch,
204 Bath Street,
Glasgow, C.2.

International Federation of Library Associations (I.F.L.A.),
Libraries in Hospitals Group,
Hon. Sec. Miss M. J. Lewis, A.L.A.,
North Western Polytechnic School of Librarianship,
207-225 Essex Road,
London, N.1.

* These two organisations now have a joint committee on hospital libraries. The Hon. Sec. is Keith Morton, Librarian, Hospital Centre, London.

Publications in the three undernoted series are available from the Scottish Hospital Centre, Crewe Road South, Edinburgh, 4.

CENTREPIECE	Price (Postage extra)
An introduction to reading architects' drawings.	5/–
The functional analysis of ward plans.	5/–
Collected conference reports 1966.	10/–
Upgrading of wards.	12/6
Collected conference reports 1967.	12/6
Changing accommodation for non-resident staff in hospitals.	15/–
Collected conference reports 1968.	15/–
Information Sheets	
(1) *Domestic service room.*	2/6
(2) *Surface-mounted wardrobe incorporating bed-head services.*	2/6
(3) *Preparation room.*	2/6
(4) *Outpatient consulting/examination room.*	5/–

CENTRE NOTE	
A survey of hospital bedsteads, cots and bedside lockers.	Postage only
Residential accommodation for hospital medical staff.	Postage only
Office accommodation and secretarial services for hospital clinicians.	Postage only
Central sterile supply in Scotland.	Postage only

CENTRE NEWS	
A newletter reviewing activities at the Centre published at approximately two-monthly intervals.	5/– per annum including postage

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